



**UNIVERSAL
CURRICULUM**
Treatment of Substance Use Disorders

The Universal Treatment Curriculum for
Substance Use Disorders (UTC)

Participant Manual

UTC 8



Ethics for Addiction Professionals

4th Edition, 2020



DAP
Drug Advisory Programme



**UNIVERSAL
CURRICULUM**
Treatment of Substance Use Disorders

*The Universal Treatment Curriculum for
Substance Use Disorders (UTC)*

Basic Level UTC Series - UTC 8



Ethics for Addiction Professionals

Participant Manual

4th Edition - 2020



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Disclaimer

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4th Edition

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PARTICIPANT ORIENTATION

Introduction

Welcome! This training will introduce you to principles of professional ethics and provide you with a model for ethical decision-making.

UTC 8: *Ethics for Addiction Professionals* is part of a training series developed through funding from the U.S. Department of State to The Colombo Plan Drug Advisory Programme (DAP). More information on the Colombo Plan can be found at <http://www.colombo-plan.org>.

The overall goal of the training series is to reduce the significant health, social, and economic problems associated with substance use disorders (SUDs) by building international treatment capacity through training, professionalizing, and expanding the global treatment workforce. The training prepares counselors for professional certification at the entry level by providing the latest information about SUDs and their treatment and facilitating hands-on activities to develop skills, confidence, and competence.

Congratulations for taking the time to learn more about your work!

The Training

The eight modules in this training series may be delivered over 4 consecutive days or may be offered over the course of several weeks or months. Your trainers have provided you with a specific agenda.

The learning approach for this training includes:

- Trainer-led presentations and discussions;
- Frequent use of creative learner-directed activities, such as small-group and partner-to-partner exercises and presentations;
- Reflective writing exercises;
- Periodic reviews to enhance learning retention; and
- Learning assessment exercises.

Your active participation is essential to making this a positive and productive learning experience!

Goals and Objectives for UTC 8

Training goals

- To provide an overview of the importance of ethical guidelines;
- To provide an overview of ethical decision-making models;
- To provide participants a specific decision-making tool and practice in using it; and
- To provide an in-depth overview of a professional code of ethics.

Learning objectives

Participants who complete UTC 8 will be able to:

- Explain the importance of ethical guidelines for avoiding discrimination and stereotyping;
- Describe and demonstrate ability (using a case study) to use a model for ethical decision-making;
- Explain guidelines for confidentiality and the circumstances when confidentiality may be ethically breached;
- Explain standards for developing and maintaining healthy relationships with clients and colleagues and for protecting clients from harm; and
- Demonstrate awareness of the various country or local laws and regulations that apply to SUD treatment.

Training materials

Training materials include:

- This *Participant Manual*;
- A notebook; and

Each module of your *Participant Manual* includes:

- Training goals and learning objectives for the module;
- A timeline;
- PowerPoint slides printed three to a page spread with space for you to write notes;
- Resource Pages containing additional information or exercise instructions and materials; and
- A module summary.

The *Participant Manual* also has a glossary (Appendix A) and a list of resources (Appendix B).

Your trainers will give you a notebook to use as your personal journal. You can use this journal in a number of ways. You can note:

- Topics you would like to read more about;
- A principle you would like to think more about;
- A technique you would like to try;
- Ways you might be able to add some of the things you're learning to your practice; and
- Possible barriers to using new knowledge.

Your trainers will also ask you to complete short writing assignments.

TAP 21 was developed in the United States to provide a common foundation on which to base training and certification of addiction professionals. The publication addresses these questions:

- What professional standards should guide counselors working with people with SUDs?
- What is an appropriate scope of practice for the field of SUD counseling?
- Which competencies are associated with positive treatment outcomes?
- What knowledge, skills, and attitudes should all SUD treatment professionals have in common?

TAP 21 can serve as a useful reference for you. Keep in mind, however, that it takes time and experience to develop counseling competence. TAP 21 represents an ideal set of goals, not a starting point. Don't get overwhelmed! You'll get there.

Getting the Most From Your Training Experience

To get the most from your training experience:

- If you have a supervisor, speak to him or her before the training begins. Find out what his or her expectations are for you.
- Think about what you want to learn from each module.
- Come to each session prepared; review the manual pages for the modules to be presented.
- Be an active participant. Participate in the exercises, ask questions, write in your journal, and think about what additional information you want.
- Speak to your supervisor (or co-workers, if you have no supervisor) after the training.

Talk about what you learned to be sure you understand how the information relates to your job.

- Discuss with your supervisor or co-workers ways that you can put your learning into practice, and continue to follow up on your progress.
- **Have fun!**

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MODULE 0



Congratulations!

“

As a participant in this training, you are part of a rapidly growing global community of substance use professionals

”



U.S. DEPARTMENT of STATE

0.2

MODULE - 0

How is this global community of substance use professionals expanding?

In the last decade, a growing number of people are:

- ✓ being trained
- ✓ being credentialed
- ✓ studying at universities with specialized addiction programs
- ✓ operating in the context of a larger drug control system
- ✓ adhering to science and research-based approaches
- ✓ joining professional substance use associations
- ✓ networking through professional associations



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0.3

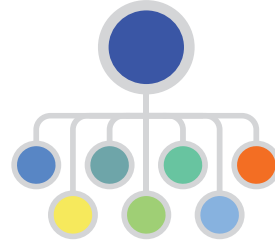
MODULE - 0

Who are the members of this global community of substance use professionals?



Individuals working worldwide in the substance use prevention and treatment fields in government, non-governmental organizations, civil society, and the private sector

Organizations that act as portals or “doorways” for individuals to join the global community



U.S. DEPARTMENT of STATE

0.4

MODULE - 0



ISSUP stands for the International Society of Substance Use Professionals

- ✓ ISSUP was launched by INL in 2015 as a global, not for profit, non-governmental organization to professionalize the global prevention and treatment workforce.
- ✓ ISSUP provides members with opportunities to share knowledge, exchange experiences, and stay abreast with current research in the field

Cont.



U.S. DEPARTMENT of STATE

0.5

MODULE - 0

ISSUP stands for the International Society of Substance Use Professionals

- ✓ There are more than 10,000 ISSUP members worldwide
- ✓ Join one of ISSUPs four levels of membership for free at: www.issup.net
- ✓ You can earn credit for this and other courses with ISSUP



U.S. DEPARTMENT of STATE

0.6

MODULE - 0



ICUDDR stands for the International Consortium of Universities for Drug Demand Reduction

- ✓ Global consortium of universities to promote academic programs that focus on science-based prevention and treatment
- ✓ Collaborative forum for individuals and organizations to support and share curricula, particularly this Universal Curriculum series, and experiences in the teaching and training of prevention and treatment knowledge

Cont.



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0.7

MODULE - 0

ICUDDR stands for the International Consortium of Universities for Drug Demand Reduction



Learn about specialized addiction programs at universities worldwide at www.icuddr.com



U.S. DEPARTMENT of STATE

0.8

MODULE - 0



GCCC stands for the Global Centre for Credentialing and Certification of Addiction Professionals

- ✓ The hours that you put into this training can be logged at GCCC and qualify you for exams and professional credentials
- ✓ GCCC credentials will help accelerate your career by indicating your passion and commitment to high standards

Cont.



U.S. DEPARTMENT of STATE

0.9

MODULE - 0

GCCC stands for the Global Centre for Credentialing and Certification of Addiction Professionals



Learn about how to apply the latest in research-based prevention and treatment at: www.globalccc.org



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0.10

MODULE - 0



Who funds and supports this global community of substance use professionals?

The U.S. Department of State's Bureau of International Narcotics and Law Enforcement Affairs (INL) which is funded by the U.S. taxpayer



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0.11

MODULE - 0

Where does this global community of substance use professionals meet?

- ✓ Digitally- through ISSUP and its networks and
- ✓ Face to face – through trainings, on university campus settings, and at conferences held at the global, national regional and local levels



U.S. DEPARTMENT of STATE

0.12

MODULE - 0

How does this global community of substance use professionals operate?

In the context of a larger international drug control environment that includes:

- United Nation's three international Drug Control Treaties or "Conventions"
- Commission on Narcotic Drugs (CND)
- International Narcotics Control Board (INCB)



U.S. DEPARTMENT of STATE

0.13

MODULE - 0

What are the key international organizations which operate in the context of this larger drug control environment?



DAP
Drug Advisory Programme

The Colombo Plan Drug Advisory Program (DAP)



Inter-American Drug Abuse Control Commission

The Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States (OAS)



AFRICAN UNION

The African Union Commission (AUC)



UNODC

The United Nations Office on Drugs and Crime (UNODC)



World Health Organization

The World Health Organization (WHO)



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0.14

MODULE - 0



INTERNATIONAL
SOCIETY OF
SUBSTANCE USE
PROFESSIONALS

How can I participate in this global community of substance use professionals?

The easiest way is to become an active member of ISSUP!

- ✓ Register for free on the ISSUP website at www.issup.net
- ✓ Click on the "Apply for Membership" icon
- ✓ Select one of four levels of membership -all are free!
- ✓ Begin networking with others on an ongoing basis

It takes only a few minutes to register and you can immediately connect with over 10,000 ISSUP members worldwide!



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0.15

MODULE - 0

What are the benefits of being an active member of this global community of substance use professionals?

You can:

- ✓ Stay informed
- ✓ Implement best practices
- ✓ Access training and mentoring
- ✓ Turn training into credentials
- ✓ Access job postings
- ✓ Access up-to-date research
- ✓ Join a professional network
- ✓ Interact with other professional networks



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0.16

MODULE - 0

CALL TO ACTION

Next Steps

1. Join ISSUP at www.issup.net
2. Complete this training to earn credit
3. Send your credit hours to GCCC at www.globalccc.org

Participate in ISSUP

- Post on ISSUP: Find easy instructions for how to post on the ISSUP website
- Engage ISSUP's Networks: Connect with colleagues and broaden your impact



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0.17

MODULE - 0

MODULE 1

TRAINING INTRODUCTION

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Training goals and learning objectives..... 7

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Summary..... 32

Content and Timeline	
Content	Time
Ceremonial welcome	20 minutes
Module 0 Presentation	30 minutes
Trainer welcome, housekeeping, ground rules, and learning objectives	10 minutes
Partner exercise: Introductions	50 minutes
Presentation: Training materials	10 minutes
Presentation: Why this training series?	20 minutes
Break	15 minutes
Large-group exercise: Training expectations	15 minutes
Small-group exercise: Developing a common definition of ethics	15 minutes
Presentation: Definitions of ethics from the field	15 minutes
Reflective exercise: Definition of ethics summary	10 minutes

Module 1 Goals and Objectives

Training goals

- To create a positive learning community and environment;
- To give participants background information about why the training is being done;
- To give participants a summary of the overall training goals, objectives, and learning approach of the course; and
- To create a common definition of ethics.

Learning objectives

Participants who complete Module 1 will be able to:

- State at least one new fact about at least five participants in the training;
- Explain the overall training goals and at least four objectives of the 4-day training;
- State at least one personal learning goal; and
- Describe the concept and importance of counselor ethics.



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The Universal Treatment Curriculum for Substance Use Disorders (UTC)

UTC 8

Ethics for
Addiction Professionals



MODULE 1—TRAINING INTRODUCTION



DAP
Drug Advisory Programme

Module 1 Learning Objectives

- Explain the overall training goals and at least four objectives of the 4-day training
- State at least one personal learning goal
- Describe the concept and importance of counselor ethics.

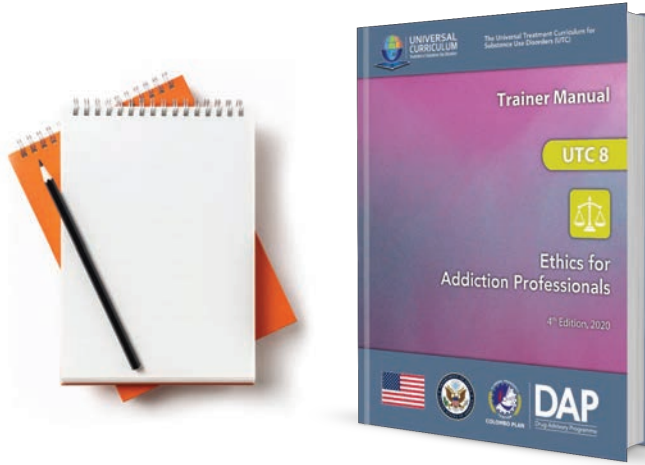
1.2

Partner Exercise: Introductions

- What is your name?
- What is your job title? What does your job include?
- For what agency do you work? Where is it located?
- What is an important teaching or value that your elders passed on to you that you try to live by in your personal and professional life today?

1.3

Training Materials



1.4

The Global Problem

- 269 million people between the ages of 15 and 64 used illicit substances at least once in 2018



Source: UNODC. (2020). World drug report 2020. New York: United Nations.

1.5

The Global Problem

- 35.6 million people between the ages of 15 and 64 suffer from drug use disorders
- People who suffer from drug use disorder need treatment

Source: UNODC (2020). World Drug Report 2020. New York: United Nations

1.6

Diagnostic and Statistical Manual- 5 (DSM-5)

- Published by the American Psychiatric Association
- Provides standards criteria for the classification of mental disorders
- Substance Use Disorder (SUD) is defined as a problematic pattern of substance use leading to clinically significant impairment in daily life or distress
- Level of severity is measured on a continuum from mild to severe

Source: American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: Author

1.7

International Classification of Diseases (ICD-11)

- Published by WHO and covers health as a whole
- Covers more types of substances than ICD-10
- Disorders due to the use of substances are characterized by the pattern of use and consequences. ICD-11 identifies them as follows:
 - ▣ Single episode of harmful use of substances
 - ▣ Harmful pattern of use of substances
 - ▣ Substance dependence
 - ▣ Intoxication
 - ▣ Withdrawal

ICD-11 : *International Classification of Disease for Mortality and Morbidity Statistics*. (Eleventh Revision ed.): World Health Organisation.

1.8

The Global Problem

- An estimated 11.3 million people injected drugs in 2018
- About 12.6 percent (1.4 million) of those who inject drugs are HIV positive
- About 48.5 percent (5.5 million) of those who inject drugs are infected with Hepatitis C

United Nations Office on Drugs and Crime, World Drug Report 2020

1.9

The Global Problem

- Global consequences of SUDs are far-reaching and include:
 - ▣ Higher rates of hepatitis and tuberculosis
 - ▣ Lost productivity
 - ▣ Injuries and deaths from automobile and other accidents
 - ▣ Overdose deaths
 - ▣ Suicides
 - ▣ Violence

1.10

The Global Problem

- “There continues to be an enormous unmet need for drug use prevention, treatment, care and support, particularly in developing countries.”

Yuri Fedotov, Executive Director,
UNODC (2010-2019)

Source: UNODC. (2011). *World drug report 2011* (p. 9). New York: United Nations.

1.11

Training Series Goals

- Build international treatment capacity through
 - ▣ Training
 - ▣ Professionalizing
 - ▣ Expanding the workforce

1.12

Courses in the Series

- UTC 1: *Introduction to the Science of Addiction* (3 days)
 - ▣ Foundational, not how-to or skills-based course
 - ▣ Overview of the physiology of addiction as a brain disease and the pharmacology of psychoactive substances

1.13

Courses in the Series

- UTC 2: *Treatment for Substance Use Disorders—The Continuum of Care for Addiction Professionals* (5 days)
 - ▣ Builds the foundation for understanding SUD treatment and the continuum of care
 - ▣ Provides an overview of recovery and recovery management, stages of change, components of SUD treatment and evidence-based practices

1.14

Courses in the Series

- UTC 3: *Common Co-Occurring Mental and Medical Disorders—An Overview for Addiction Professionals* (3 days)
 - ▣ Provides an overview of co-occurring disorders (COD), its relationship to one another
 - ▣ Discusses COD treatment and related issues as well as mental and medical disorders that commonly co-occur with SUD

1.15

Courses in the Series

- UTC 4: *Basic Counseling Skills for Addiction Professionals* (5 days)
 - ▣ Provides the basic understanding of the helping relationship
 - ▣ Provides opportunities to enhance core counseling and motivational interviewing skills
 - ▣ Introduces psychoeducation and recovery skills building as components of SUD treatment

1.16

Courses in the Series

- UTC 5: *Intake, Screening, Assessment, Treatment Planning and Documentation for Addiction Professionals* (5 days)
 - ▣ Provides an overview of effective, integrated screening, assessment and treatment planning in SUD treatment;
 - ▣ Introduces the use of valid screening and assessment tools
 - ▣ Highlights the importance of documentation in the process

1.17

Courses in the Series

- UTC 6: *Case Management for Addiction Professionals* (2 days)
 - ▣ Provides understanding of case management in SUD treatment
 - ▣ Describes case management functions (planning, linkage, monitoring, advocacy, consultation, and collaboration)
 - ▣ Provides opportunities to practice case management

1.18

Courses in the Series

- UTC 7: *Crisis Intervention for Addiction Professionals* (2 days)
 - ▣ Develops an understanding of crisis
 - ▣ Provides guidelines for crisis management, managing suicide risk, and avoiding your own crisis (counselor self-care)

1.19

Goals of UTC 8: Ethics for Addiction Professionals

- Foundational course
 - ▣ An overview of the importance of ethical guidelines;
 - ▣ An overview of ethical decision-making models;
 - ▣ Use of a specific decision-making tool and practice; and
 - ▣ An in-depth overview of a professional code of ethics.

1.20

UTC 8 Learning Objectives

- Explain the importance of ethical guidelines in professional conduct
- Describe and demonstrate ability to use a model for ethical decision-making
- Explain the guidelines for confidentiality and exceptions to confidentiality from an ethical perspective

1.21

UTC 8 Learning Objectives (continued)

- Explain standards for developing and maintaining healthy relationships with clients and colleagues and for protecting clients from harm
- Demonstrate awareness of the various country or local laws and regulations that apply to SUD treatment

1.22

Break

15 minutes

1.23

Training Expectations

- Write your name on top of the card
- Take 2–3 minutes to write down 2 expectations
- Share 1 expectation
- Any other expectations?

1.24

Large-group exercise: Developing a common definition of ethics

- 5 minutes to discuss about ethics with one another
- 10 minutes to discuss and create a 1- or 2-sentence definition in the large-group

1.25

Ethics Definitions

- The philosophical study of the moral value of human conduct and of the rules and principles that ought to govern it
- A social, religious, or civil code of behaviour considered correct, especially that of a particular group, profession, or individual

Source: Collins Dictionary (2017). Retrieved March 16, 2017

1.26

Ethics Definitions (continued)

- A “human reflecting self-consciously on the act of being a moral being,” which implies a process of self-reflection and awareness of how to behave as a moral being that may be based in law, individual belief systems, religion, or a mixture of all three

Sources: NAADAC. (2016). *NAADAC code of ethics*.
Retrieved from <https://www.naadac.org/code-of-ethics>

1.27

Morality

- A set of rules that are generated individually or collectively that apply to the daily life of citizens.
- Standards that guide each individual, governing the individual's actions and judgments about what is moral or immoral, right or wrong, good or bad.

A. Morales González, G. Nava, J. Chapa, et al. Principio de ética, bioética y conocimiento del hombre. 1.^a ed., Universidad Autónoma del Estado de Hidalgo, (2011)

1.28

Ethics Definition

Basic Beliefs
+ Value Systems
+ Developmental Age
Ethics

Individuals, organizations, and countries have
“developmental ages”

Source: Prevention Think Tank. (2008). *Prevention ethics 2020*. Wheaton, MD Author.

1.29

Reflective Exercise

- Record information to remember about SUD counselor ethics:
 - ▣ A personal learning goal to focus on during this training
 - ▣ A summary of the key elements of a definition of ethics that are personally important

1.30

Resource Page 1.1: The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) Criteria for Substance Use Disorder¹

Substance Use Disorder (SUD) is a problematic pattern of use of an intoxicating substance leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

1. The substance is often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful effort to cut down or control use of the substance.
3. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.
4. Craving, or a strong desire or urge to use the substance.
5. Recurrent use of the substance resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued use of the substance despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of its use.
7. Important social, occupational, or recreational activities are given up or reduced because of use of the substance.
8. Recurrent use of the substance in situations in which it is physically hazardous.
9. Use of the substance is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
10. Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect.
 - b. A markedly diminished effect with continued use of the same amount of the substance.
11. Withdrawal, as manifested by either of the following:
 - a. The characteristic withdrawal syndrome for that substance (as specified in the DSM-5 for each substance).
 - b. The use of a substance (or a closely related substance) to relieve or avoid withdrawal symptoms.

¹ <https://www.drugabuse.gov/publications/media-guide/science-drug-abuse-addiction-basics>

Resource Page 1.2: ICD-11 Classification of Mental and Behaviour Disorder

Disorders due to substance use include single episodes of harmful substance use, substance use disorders (harmful substance use and substance dependence), and substance-induced disorders such as substance intoxication, substance withdrawal and substance-induced mental disorders, sexual dysfunctions and sleep-wake disorders.

Disorders due to use of substances

Disorders due to use of substance are characterised by the pattern and consequences of substance use. In addition to Substance intoxication, Substance has dependence-inducing properties, resulting in Substance dependence in some people and Substance withdrawal when use is reduced or discontinued. Substance is implicated in a wide range of harms affecting most organs and systems of the body, which may be classified as Single episode of harmful use and Harmful pattern of use. Harm to others resulting from behaviour during Substance intoxication is included in the definitions of Harmful use of substance. Several substance-induced mental disorders and substance-related forms of neurocognitive impairment are recognised.

Single episode of harmful use of substances

A single episode of use of substance that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. Harm to health of the individual occurs due to one or more of the following:

- (1) behaviour related to intoxication;
- (2) direct or secondary toxic effects on body organs and systems; or
- (3) a harmful route of administration.

Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behavior due to substance intoxication on the part of the person to whom the diagnosis of single episode of harmful use applies.

This diagnosis should not be made if the harm is attributed to a known pattern of substance use.

Exclusion

- Harmful pattern of use of substance
- Substance Dependence

Harmful pattern of use of substances

A pattern of psychoactive substance use that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others. The

¹ ICD-11 : International Classification of Disease for Mortality and Morbidity Statistics. (Eleventh Revision ed.): World Health Organisation.

pattern of psychoactive substance use is evident over a period of at least 12 months if substance use is episodic or at least one month if use is continuous. Harm to health of the individual occurs due to one or more of the following:

- (1) behaviour related to intoxication;
- (2) direct or secondary toxic effects on body organs and systems; or
- (3) a harmful route of administration.

Harm to health of others includes any form of physical harm, including trauma, or mental disorder that is directly attributable to behaviour related to psychoactive substance intoxication on the part of the person to whom the diagnosis of Harmful pattern of use of psychoactive substance applies.

Exclusion

- Substance Dependence
- Episode of Harmful Use of Substance

Substance Dependence

Dependence on a psychoactive substance is a disorder of regulation of psychoactive substance use arising from repeated or continuous use of psychoactive substance. The characteristic feature is:

- a strong internal drive to use the psychoactive substance, which is manifested by impaired ability to control use, increasing priority given to use over other activities and persistence of use despite harm or negative consequences. These experiences are often accompanied by a subjective sensation of urge or craving to use the psychoactive substance.
- physiological features of dependence may also be present, including tolerance to the effects of the psychoactive substance, withdrawal symptoms following cessation or reduction in use of the psychoactive substance, or repeated use of psychoactive substance or pharmacologically similar substances to prevent or alleviate withdrawal symptoms.

The features of dependence are usually evident over a period of at least 12 months but the diagnosis may be made if psychoactive substance use is continuous (daily or almost daily) for at least 1 month.

Exclusion

- Episode of Harmful Use of Substance
- Harmful pattern of use of substance

Intoxication

Intoxication is a clinically significant transient condition that develops during or shortly after the consumption of a psychoactive substance that is characterized by disturbances

in consciousness, cognition, perception, affect, behaviour, or coordination. These disturbances are caused by the known pharmacological effects of psychoactive substance and their intensity is closely related to the amount consumed. Presenting features may include impaired attention, inappropriate or aggressive behaviour, lability of mood, impaired judgment, poor coordination, unsteady gait, and slurred speech. At more severe levels of intoxication, stupor or coma may occur.

Withdrawal

Withdrawal is a clinically significant cluster of symptoms, behaviours and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of alcohol in individuals who have developed dependence or have used psychoactive substances for a prolonged period or in large amounts. Presenting features of withdrawal may include autonomic hyperactivity, increased hand tremor, nausea, retching or vomiting, insomnia, anxiety, psychomotor agitation, transient visual, tactile or auditory hallucinations, and distractibility. Less commonly, the withdrawal state is complicated by seizures. The withdrawal state may progress to a very severe form of delirium characterized by confusion and disorientation, delusions, and prolonged visual, tactile or auditory hallucinations.

Note: The detailed diagnostic criteria can be accessed at WHO site.

Note: At the time of the updating of this Course, the ICD-11 was in the final stages of revision and not yet formally released. However, INL and the Treatment Expert Advisory Group, in the interest of providing UC trainees with the latest and most current guidance on substance use disorders, requested inclusion of the ICD-11 language, 'as is.'

Resource Page 1.3: The Universal Treatment Curriculum for Substance Use Disorders (UTC) Basic Level Training Series

- UTC 1: *Introduction to the Science of Addiction*
- UTC 2: *Treatment for Substance Use Disorders—
The Continuum of Care for Addiction
Professionals*
- UTC 3: *Common Co-Occurring Mental and
Medical Disorders—An Overview for
Addiction Professionals*
- UTC 4: *Basic Counseling Skills for Addiction
Professionals*
- UTC 5: *Intake, Screening, Assessment, Treatment
Planning and Documentation for Addiction
Professionals*
- UTC 6: *Case Management for Addiction
Professionals*
- UTC 7: *Crisis Intervention for Addiction
Professionals*
- UTC 8: *Ethics for Addiction Professionals
(this course)*

Module 1—Training Introduction, Summary

The global problem

- Psychoactive substance use continues to be a global problem. A survey done by the United Nations Office on Drugs and Crime (or UNODC) found that, in 2018, 269 million people between ages 15 and 64 used illicit substances at least once in 2018¹.
- Illicit substances in the survey included opioids, cannabis, cocaine, other amphetamine-type stimulants, hallucinogens, and ecstasy, among others.
- A significant number of people who use psychoactive substances develop SUDs. .
- Substance use disorder is a general term used to describe a range of problems associated with substance use (including illicit drugs and misuse of prescribed medications).
- There are two classification systems used in the diagnosis of drug use disorders or SUDs, the Diagnostic Statistical Manual (DSM) and the International Classification of Diseases (ICD).
- Diagnostic Statistical Manual (DSM), published by the American Psychiatric Association, offers a common language and standards criteria for the classification of mental disorders.
- In 2013, the APA updated the DSM, replacing the categories of substance abuse and substance dependence with a single category: substance use disorder (SUD).
- SUD is defined as a problematic pattern of substance use leading to clinically significant impairment or distress as manifested by at least two of the 11 criteria occurring in a 12-month period. The level of severity is measured on a continuum from mild to severe.
- The symptoms associated with SUD fall into four major groupings: impaired control; social impairment; risky use; and, pharmacological criteria (i.e. tolerance and withdrawal).
- Another classification system is the International Classification of Diseases (ICD), published by the World Health Organization.
- It is distinguished from the DSM in that it covers health as a whole. Under ICD-11, patterns of psychoactive substance use are labelled:
 - Single episode of harmful use of a psychoactive substance - refers to a single episode of use of psychoactive substance that has caused damage to a person's physical or mental health or has resulted in behaviour leading to harm to the health of others.
 - Harmful use - if the pattern is causing damage to health. The damage may be physical (as in the case of hepatitis from self-administration of injected drugs) or mental (i.g. episodes of depressive disorder secondary to heavy consumption of alcohol), and

¹ United Nations Office on Drugs and Crime, World Drug Report 2020

- Dependence - if the use of a substance or a class of substances takes on a much more higher priority for a given individual than other behaviors that once had greater value. There is compulsion to use drugs and physical signs of a withdrawal state upon abstinence.
 - Intoxication – a clinically significant transient condition that develops during or shortly after the consumption characterised by disturbances in consciousness, cognition, perception , affect behaviour or coordination.
 - Withdrawal – is a clinically significant cluster of symptoms, behaviors and/or physiological features, varying in degree of severity and duration, that occurs upon cessation or reduction of use of alcohol in individuals who have developed dependence or have used psychoactive substances for a prolonged period or in large amounts. Presenting features of withdrawal may include autonomic hyperactivity, increased hand tremor, nausea, retching or vomiting, insomnia, anxiety, psychomotor agitation, transient visual, tactile or auditory hallucinations, and distractibility.
- The UNODC report estimates a total of 35.6 million people between ages 15 and 64 suffer from drug use disorders. People who suffer from drug use disorders or people with drug use disorders are those subset of people who use drugs and are in need of treatment, health and social care, and rehabilitation.
 - The U.N Survey also found that:
 - 11.3 million people injected drugs in 2018
 - About 12.6 percent (1.4 million) of those who inject drugs are HIV positive.
 - About 48.5 percent (5.5 million) of those who inject drugs are infected with Hepatitis C.
 - Global consequences of SUDs are far-reaching and include, for example:
 - Higher rates of HIV/AIDS, hepatitis and tuberculosis;
 - Lost productivity;
 - Injuries and death due to automobile and other accidents;
 - Overdose hospitalizations and deaths;
 - Suicides; and
 - Violence.
 - The numbers are significant. Yuri Fedotov, Executive Director of UNODC (2010 to 2019), notes that “there continues to be an enormous unmet need for drug use prevention, treatment, care and support, particularly in developing countries.” There are a number of reasons for this, but one reason is a lack of adequate treatment capacity.

The training series

- This course is part of a training series developed through funding from the U.S. Department of State to The Colombo Plan.

¹ United Nations Office on Drugs and Crime, World Drug Report 2020

- The overall goal of the training series is to reduce the health, social, and economic problems associated with SUDs by building international treatment capacity through training, professionalizing, and expanding the global treatment workforce.
- The series prepares counselors for professional certification at the entry level by providing them with necessary information and with specific skills training. See You will find a list of the courses included in the training series on Resource Page 1.3 in your manuals.

Other Courses in the series

- UTC 1: Introduction to the Science of Addiction is a 3-day course that presents a comprehensive overview of addiction, provides an understanding of the physiology of addiction as a brain disease, and describes the pharmacology of psychoactive substances.
- UTC 2: Treatment for Substance Use Disorders—The Continuum of Care for Addiction Professionals is a 5-day foundational course. By this we mean that it provides a necessary foundation for learning about SUD treatment. It is not a how- to or skillsbased course, but it provides a context for the skills-based courses later in the series. UTC 2 provides an overview of recovery, recovery management, stages of change, principles of effective treatment, components of treatment, factors affecting treatment outcomes, and evidence-based practices, including couples and family counseling.
- UTC 3: Common Co-Occurring Mental and Medical Disorders—An Overview for Addiction Professionals is a 3-day course. It is also a foundational course and provides an overview of the relationship of co-occurring disorders to one another and to SUDrelated treatment issues. It outlines brief descriptions of the most commonly cooccurring mental and medical disorders with SUD.
- UTC 4: Basic Counseling Skills for Addiction Professionals is a 5-day skills-based course. It provides an overview of the helping relationship. It also provides opportunities to learn and practice core counseling and basic motivational interviewing skills which are essential at every stage of treatment and in every type of counseling situation, including working with families. Basic group (for clients and family members) counseling and psychoeducational group skills also are covered in the course.
- UTC 5: Intake, Screening, Assessment, Treatment Planning and Documentation for Addiction Professionals is a 5-day skills-based course that teaches effective, integrated assessment and treatment/service planning. It also addresses the importance of documentation in the treatment process.
- UTC 6: Case Management for Addiction Professionals is a 2-day foundational and skills-based course that provides an overview of case management in SUD treatment and provides skills practice in case management functions such as planning, linkage, monitoring, advocacy, consultation, and collaboration.

- UTC 7: Crisis Intervention for Addiction Professionals, a 2-day course, addresses the concept of crisis as a part of life and provides guidelines for and practice in crisis management, including managing suicide risk. It also addresses ways counselors can avoid personal crisis situations by providing information and exercises about counselor self-care.

Definitions of Ethics

- A number of definitions of ethics are used in the SUD treatment and related fields. These definitions of ethics include:
 - The philosophical study of the moral value of human conduct and of the rules and principles that ought to govern it
 - A social, religious, or civil code of behaviour considered correct, especially that of a particular group, profession, or individual¹
 - A “human reflecting self-consciously on the act of being a moral being,” which implies a process of self-reflection and awareness of how to behave as a moral being that may be based on law, individual belief systems, religion, or a mixture of all three
 - Basic beliefs plus value systems plus developmental age equals ethics²
- The last definition is an important one for a critical reason. It includes an understanding of developmental age as being a component of ethics. Clearly, the difference between the self-focus and/or concrete thinking of a child and the complex and objective thinking of an adult, which, in turn, leads to differing definitions of ethical behaviors and decision-making.
- However, programs and fields of practice also have “developmental ages.” Historically, what was considered ethical behavior in the past may no longer be understood that way. For example, in the past, it was considered appropriate for those in a counseling or supervisory role to be intimately involved in a relationship with a client or a subordinate.

Morality³

- In common language, the concepts of morality and ethics are often presented as synonyms. To make this clarification, we will begin by defining the concept of morality. Morality refers to the beliefs and practices implemented by individuals, families or societies to govern their actions and behavior in daily life. These morale codes can serve as a reference to institutions, groups and entire societies, permeating essential processes of socialization and patterns of action.
- Both terms are intended to distinguish good and bad behavior. However, ethics is more reflective by questioning why some behaviors are considered valid and others are not, i.e., it seeks and analyzes the basis of each behavior.

1 Source: Collins Dictionary (2017). Retrieved March 16, 2017

2 Prevention Think Tank. (2008). Prevention ethics 2020. Wheaton, MD: Author

3 A. Morales González, G. Nava, J. Chapa, et al. Principio de ética, bioética y conocimiento del hombre. 1.ª ed., Universidad Autónoma del Estado de Hidalgo, (2011)

MODULE 2

FOUNDATIONS FOR ETHICAL THINKING

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Content and Timeline	
Content	Time
Introduction to Module 2	5 minutes
Presentation: Overview of ethics in the counseling field	20 minutes
<i>Lunch</i>	<i>60 minutes</i>
Small-group exercise: Ethics for SUD treatment settings	45 minutes
Presentation: Ethical principles for SUD professional practice	20 minutes
<i>Break</i>	<i>15 minutes</i>
Small-group exercise: Values for SUD counselors	45 minutes
Presentation: Values and SUD treatment ethics	30 minutes
Small-group exercise: Case study on the universal values	40 minutes
Day 1 Wrap-up	5 minutes

Module 2 Goals and Objectives

Training goals

- To understand the evolution of ethics in the counseling field;
- To understand the basic principles and underlying values for SUD treatment ethics; and
- To learn how ethics and law complement each other.

Learning objectives

Participants who complete Module 2 will be able to:

- Describe the state of ethical decision-making in their own treatment settings;
- Identify key principles and underlying values in various ethical codes related to SUD treatment; and
- Describe the relationship of law to ethical decision-making.



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Treatment of Substance Use Disorders

The Universal Treatment Curriculum for Substance Use Disorders (UTC)

UTC 8

Ethics for
Addiction Professionals



MODULE 2—FOUNDATIONS FOR ETHICAL THINKING



Module 2 Learning Objectives

- Describe how ethical standards and practices have been applied in their own treatment setting
- Identify key principles and underlying values in various ethical codes related to SUD treatment
- Describe the relationship of law to ethical decision-making

2.2

Many Professional Organizations Have Codes of Ethics

- Guidelines for ethical behavior and decision-making for professionals in:
 - ▣ Marriage and Family counseling
 - ▣ Psychology
 - ▣ Social work
 - ▣ Law
 - ▣ Psychiatry
 - ▣ Health care
 - ▣ SUD prevention and treatment

2.3

Elements of All Professional Codes

- Various codes have similarities and differences, but they all focus on:
 - ▣ Protecting clients by identifying counselor scope of competency
 - ▣ Doing no harm by acting responsibly and avoiding exploitation
 - ▣ Protecting confidentiality and privacy
 - ▣ Maintaining the integrity of the profession

2.4

Limitations of Counselor Codes of Ethics

- Codes may lack clarity
- A code can conflict with another professional code, personal values, organizational practice, or local laws and regulations
- Codes are usually reactive rather than proactive
- A code may not be fully adaptable to another cultural setting

2.5

Professional Ethical Judgment

- No code of ethics can substitute for:
 - ▣ An active knowledge of national, regional, and local regulations and laws;
 - ▣ An established decision-making process; and
 - ▣ A creative approach to securing supervision and guidance.

2.6

Purposes of Professional Codes of Ethics

Codes of Ethics for Professionals fulfill 4 basic purposes:

- Educate professionals about sound ethical conduct
- Provide a mechanism for professional accountability
- Serve as a catalyst for improving practice
- Safeguard our clients

Source: Corey, G., Corey, M. S., & Callahan, P. (2011). *Issues in ethics in the helping professions* (8th edition). Belmont, California: Brooks/Cole.

2.7

Four Ethics-related Factors Unique to the SUD Treatment Field

- Composition of the SUD treatment workforce tends to be more diverse than in other helping professions
- Shorter history and higher rate of staff turnover limit transmission of information
- Ethics is only recently addressing business practices conduct
- Breadth of SUD impact results in more legal and ethical complexity

Source: White, W. L., & Popovits, R. M. (2001). *Critical incidents: Ethical issues in the prevention and treatment of addiction*. Bloomington, IL: Lighthouse Institute.

2.8

Problematic Assumptions

- SUD staff assume:
 - ▣ Workers have personal standards of morality and ethical conduct that ensure ethical conduct
 - ▣ Workers have common sense
- How could these assumptions cause ethical problems?

Source: White, W. L., & Popovits, R. M. (2001). *Critical incidents: Ethical issues in the prevention and treatment of addiction*. Bloomington, IL: Lighthouse Institute.

2.9

Problematic Assumptions (continued)

- SUD staff assume:
 - ▣ All workers have been trained in ethical issues through their professional and academic training
 - ▣ Programs can depend on workers to know and follow ethical codes based on their professional certification or licensure
- How could these assumptions cause ethical problems?

2.10

Problematic Assumptions (continued)

- SUD staff assume:
 - ▣ Only counseling staff need to be concerned about ethical dilemmas
 - ▣ Ethical dilemmas are personal/professional issues, not program issues
- How could these assumptions cause ethical problems?

2.11

Problematic Assumptions (continued)

- SUD staff assume:
 - ▣ Because workers who violate ethical principles are bad people, they should be excluded from the program or profession
 - ▣ Because all supervisors place emphasis on ethics, ethical compliance of supervisees is ensured
- How could these assumptions cause ethical problems?

2.12

Problematic Assumptions (continued)

- SUD staff assume:
 - ▣ Ethical conflicts do not exist if supervisors do not receive reports from counselors of any difficult ethical issue
- How could this assumption cause ethical problems?

2.13

Lunch

60 minutes

2.14

Small-Group Exercise

- Assessing the status of ethics in your SUD treatment setting:
 - ▣ 15 minutes to fill out inventory, Resource Page 2.1, individually
 - ▣ 15-minute review of similarities and differences among regional small groups
 - ▣ Tally of all votes on the summary sheet
 - ▣ 10-minute large-group discussion of full summary

Source: White, W. L., & Popovits, R. M. (2001). *Critical incidents: Ethical issues in the prevention and treatment of addiction*. Bloomington, IL: Lighthouse Institute.

2.15

Definition of Code of Ethics

- “an explicitly defined set of beliefs, values and standards that guide organizational members in the conduct of activities in pursuit of the agency’ s mission”

Source: White, W. L., & Popovits, R. M. (2001). *Critical incidents: Ethical issues in the prevention and treatment of addiction*, p. 13. Bloomington, IL: Lighthouse Institute.

2.16

Functions and Purposes of a Code for Professional Practice

- Identify values for members of the organization to strive for as they perform their duties
- Set boundaries for both appropriate and inappropriate behavior
- Provide guidelines for staff facing difficult situations encountered in the course of work performance

2.17

Functions and Purposes of a Code for Professional Practice (continued)

- Communicate a framework for defining and monitoring relationship boundaries of all types
- Provide guidelines for day-to-day decision-making by all staff and volunteers in the organization



2.18

Functions and Purposes of a Code for Professional Practice (continued)

- Protect integrity and reputation of individual members of organization (including paid and volunteer staff) and the organization itself
- Establish high standards of ethical and professional conduct within the culture of the organization

2.19

External Purpose of a Code for Professional Practice

- Protect health and safety of clients, while promoting quality of services provided to them
- Enhance public safety



2.20

Different ethics codes for SUD treatment

- There are a variety of ethics codes for SUD treatment. Some of them are:
 - ▣ International Society of Substance Use Professionals -ISSUP - Code of Ethics
 - ▣ Australian Government Department of Health's Code of Ethics for alcohol and other drug workers
 - ▣ American Counseling Association's Ethics Code.

<https://www.issup.net/es/sobre-issup/afiliacion/codigo-etica>.
<https://www1.health.gov.au/internet/publications/publishing.nsf/Content/drugtreat-pubs-front11-fatoc-drugtreat-pubs-front11-fa-secb-drugtreat-pubs-front11-fa-secb-4-drugtreat-pubs-front11-fa-secb-4-3>

2.21

SUD Treatment Professional Codes of Ethics

- Two international counselor certification organizations based in the United States:
 - ▣ IC&RC
 - ▣ NAADAC
- Only NAADAC has developed a master code of ethics

2.22

Break

15 minutes

2.23

Values

■ Values:

- ▣ Basic beliefs that an individual thinks to be true
- ▣ Individuals use their beliefs to make decisions or judgments about what is important and what fits their worldview

■ Values can also be:

- ▣ Cultural, guiding social behavior
- ▣ Organizational, guiding business or other professional behavior

2.24

Small-Group Exercise

- Develop a list of values that you think would be particularly important as basis for an SUD code of professional ethics
- Consider personal, cultural, organizational values
- Write the list on newsprint
- Be prepared to describe how each value is relevant to SUD treatment

2.25

Universal Values

- Autonomy: Enhance freedom of personal identity
- Obedience: Obey legal and ethically permissible directives
- Conscientious Refusal: Disobey illegal or unethical directives

2.26

Universal Values (continued)

- Beneficence: Help others
- Gratitude: “Giving back,” or passing good along to others
- Competence: Be knowledgeable and skilled
- Justice: Be fair, distribute by merit

2.27

Universal Values (continued)

- Stewardship: Use resources judiciously
- Honesty and Candor: Tell the truth
- Fidelity: Don't break promises
- Loyalty: Don't abandon

2.28

Universal Values (continued)

- Non-maleficence: Don't hurt anyone
- Discretion: Respect confidentiality and privacy
- Diligence: Work hard
- Self-improvement: Be the best that you can be



2.29

Universal Values (continued)

- Restitution: Make amends to persons injured
- Self-interest: Protect yourself



2.30

Small-Group Exercise

- Create a brief scenario that reflects any of the universal values discussed.
- Presentation may include a role-play
- Use newsprint, markers, anything else
- Be creative!
- 20 minutes to work on the presentation.

2.31

Day 1 Wrap-up



2.32



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Ethics for
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MODULE 2—FOUNDATIONS FOR ETHICAL THINKING



DAP
Drug Advisory Programme

Interactive Presentation: Relationship Between Ethics & Law

- Law presents minimum standards of behavior in a professional field
- Ethics provides the ideal for use in decision-making

2.34

Ethics and Legal Action Choices

- A course of action could be:
 - Ethical and legal
 - Ethical and illegal, as in the case of breaking an unjust law
 - Ethical and neither legal nor illegal, as in a case where no law applies

Source: White, W. L., & Popovits, R. M. (2001). *Critical incidents: Ethical issues in the prevention and treatment of addiction*. Bloomington, IL: Lighthouse Institute.

2.35

Additional Action Choices

- A course of action could also be:
 - ▣ Unethical and legal, in a case of complying with an unjust law
 - ▣ Unethical and illegal, in the case of breaking an unjust law
 - ▣ Unethical and neither legal nor illegal, as in a case of committing an unethical act that is not legally prohibited

2.36

Ethics and Law

	Ethical	Unethical
Legal		
Illegal		
Neither Legal nor Illegal		

2.37

Reflective Exercise: Reflections on the foundations for ethical thinking

- 10 minutes to write any key lessons in the following areas:
 - ▣ How we define ethics
 - ▣ Ethics in the counseling field and your programs
 - ▣ Ethical principles for SUD professional practice
 - ▣ Values that provide a foundation for ethical decision-making
 - ▣ The relationship between ethics and law

2.38

Resource Page 2.1: Inventory on Systemic Approaches to Professional Practice Issues¹

Knowledge and Skills

Yes No

1. Are education, experience, and certification/licensure requirements for positions within the program set at a level to increase the likelihood that all staff members have prior knowledge and skills in ethical decision-making?
2. Have ethical issues been addressed in the in-service training schedule, not just as a special topic, but integrated as a dimension to be addressed across all training topics?
3. Are there opportunities for staff members at all levels to explore ethical issues with other professionals within and outside the organization?
4. Does the organization have access to technical expertise outside the program for consultation on complex ethical and legal issues?

Ethical Standards

Yes No

5. Does the organization have a code of professional ethics integrated in its personnel policies?
6. Have all staff members had the opportunity to participate in the development or scheduled review of the professional practice standards?
7. Are violations of ethical conduct addressed immediately and consistently?
8. Could all staff members, if asked, define the core values of the program?

¹White, W. L., & Popovits, R. M. (2001). *Critical incidents: Ethical issues in the prevention and treatment of addiction*. Bloomington, IL: Lighthouse Institute.

Organizational Culture

Yes No

9. Are ethical issues raised during the processes of hiring employees and during new employee orientation?
10. Do organizational leaders talk about ethical issues in their communications with staff?
11. Is adherence to ethical and professional practice standards a component of the performance evaluations of all staff members?
12. Does ethical conduct constitute a core value of the organization as reflected in program history and mythology, the designation of heroes and heroines, program literature, storytelling, symbols, and slogans?
13. Are rituals built into the cycle of organizational life that help identify practices that undermine or deviate from the core values and that provide opportunities to celebrate and recommit staff members to those values (for example, during staff meetings, retreats, and planning processes)?
14. Are there mechanisms in place through which organizational leaders can identify and change environmental stressors such as work overload and role conflict that can contribute to poor ethical decision-making?
15. Does the organization have an active employee assistance program or referral resource that addresses areas of personal impairment that could affect the ethical judgment and conduct of staff? (An employee assistance program is a contracted service for counseling and educational support for employees so that they can continue or return to work despite personal or family problems.)

Ethical Decision-Making

Yes No

16. Do all staff members understand the entire range of parties (people and organizations) whose interests must be reviewed in ethical decision-making?
17. Does the organization have a clear process for reporting and investigating ethical violations?
18. Are there clearly identified forums where ethical issues can be explored, such as individual supervision and team meetings?

Ethical Violations

Yes No

19. Are the potential consequences of breaches of ethical conduct clearly defined and communicated to all staff members?
20. Does the organization have a clear process for reporting and investigating ethical violations?
21. Are the procedures for addressing ethical violations at the program clearly defined and communicated to staff?
22. Do all staff members know how and when to contact professional or governmental organizations that are responsible for investigating serious breaches of ethics?

Module 2—Foundations for Ethical Thinking, Summary

Overview of ethics in the counseling field

- Various professional organizations have their own codes of ethics such as
 - Marriage and Family counseling;
 - Social work;
 - Psychology;
 - Law;
 - Psychiatry;
 - Health care; and
 - SUD prevention and treatment
- There are both similarities and differences among these codes and the codes used by local or national certifying or licensing boards. However, there are some common themes within all of these codes:
 - Protecting clients by identifying counselor scope of competency;
 - Doing no harm by acting responsibly and avoiding exploitation;
 - Protecting client, professional, and organizational confidentiality and privacy; and
 - Maintaining the integrity of the profession.
- Although these codes don't always provide a specific answer to a particular ethical dilemma, they all provide general guidance to both prevent and resolve ethical conflicts.
- However, there are limitations with counselor codes of ethics. Although they provide a necessary foundation for ethical decision-making, they are not instructions for precise behaviors. They alone are not sufficient. Some of the limitations inherent in codes of ethics are that:
 - Codes may lack clarity;
 - A code can conflict with another professional code, personal values, organizational practice, or local laws and regulations;
 - Codes are usually reactive, helping address an escalating conflict, rather than proactive, preventing that situation in the first place; and
 - Codes may be written within specific cultural contexts and may not be fully adaptable to another cultural setting.
- When professionals encounter these limitations, competing demands, and differing goals, they must use their own professional judgment to discern the best course of action. No set of formal ethical principles, no matter how detailed they may be, can be a substitute for:

- An active knowledge of national, regional, and local regulations and laws;
 - An established decision-making process; and
 - A creative approach to securing supervision and guidance.
- In fact, according to Corey, Corey and Callanan,¹ codes of ethics for professionals fulfill four basic purposes. They:
- Educate professionals about sound ethical conduct;
 - Provide a mechanism for professional accountability;
 - Serve as a catalyst for improving practice; and
 - Safeguard our clients and ourselves.
- Overall, however, the primary objective of a code of ethics for helping professionals is to safeguard the clients by providing services that are in their best interest.
- In the SUD field, several unique factors related to ethical and professional practice are substantially different from those encountered in other helping professions. White and Popovits outline them this way:²
- The composition of the SUD field workforce is much more diverse (age, race, religion, gender, sexual orientation, education, professional training, and life experience) than the composition of other helping professions and has many more service providers who had been service recipients.
 - The shorter history of SUD counseling as a profession and a relatively high rate of staff turnover in the field mean less well-developed systems and rituals and fewer ways to pass them on to those new to the field.
 - That shorter history also means that ethical focus has only recently been addressing business practice conduct, in addition to clinical practices.
 - The breadth of the SUD's impact (crime, violence, HIV/AIDS spread among drug users, drug-impaired workers) can result in complex legal and ethical impacts.
- In addition, clients in SUD treatment (especially those new to treatment) are often fragile and lack negotiation capacity. They are particularly in need of protection of their dignity and education about their rights. For example:
- Clients who are still at least partially under the effects of substances could be cognitively compromised;
 - Clients who have lost a lot due to their SUD may believe they deserve to be treated badly and not stand up for themselves with treatment providers;

1. Corey, G., Corey, MS, & Callanan, P. (2011). Issues in ethics in the helping professions (8th edition). Belmont, California: Brooks/Cole.

2. White, W. L., & Popovits, R. M. (2001). Critical incidents: Ethical issues in the prevention and treatment of addiction. Bloomington, IL: Lighthouse Institute.

- Clients under threats of drug dealers may be fearful of expressing their intentions; and
 - Clients in treatment in prison settings have obviously limited options.
- These factors are clearly important in considering program policies and developing codes of ethics to avoid abuses.
- In addition, White and Popovits¹ outline a number of assumptions that SUD staff members tend to hold that make these factors worse. Assumptions 1 and 2 are:¹
- Workers already have personal standards of morality and ethical conduct that will ensure ethical conduct.
 - Workers have common sense.
 - Because all academic and professional training covers ethical standards and behaviors, all workers have already been trained in ethical issues.
 - Because workers are bound by ethical codes based on their professional certification or licensure, there is no need for a program to concern itself with the development of ethical standards.
 - Only staff members in counseling-related roles need to be concerned about ethical dilemmas.
 - Ethical dilemmas are personal/professional issues, not program issues.
 - Workers who violate ethical principles are bad people and should be excluded from the program or profession.
 - Because all supervisors place a large degree of emphasis on ethics, ethical compliance of supervisees is ensured
 - If supervisors don't hear about any ethical conflicts, there must not be any in their program, because counselors would report problems if the counselors encountered a difficult ethical issue.

Ethical principles for SUD professional practice

- Many professional associations have a code of ethics of some sort, and most professions have an organization that issues certification or licensure to practitioners who meet a particular set of standards, including affirmation of their code of ethics. White and Popovits¹ define those codes for professional practice as:

“an explicitly defined set of beliefs, values and standards that guide organizational members in the conduct of activities in pursuit of the agency’s mission”

- White and Popovits describe both internal and external functions and purposes for such a code. Internal functions and purposes include:

1. White, W. L., & Popovits, R. M. (2001). *Critical incidents: Ethical issues in the prevention and treatment of addiction*. Bloomington, IL: Lighthouse Institute.

- Identifying values for members of the organization to strive for as they perform their duties;
 - Setting boundaries for both appropriate and inappropriate behavior;
 - Providing guidelines for staff members facing difficult situations encountered in the course of their work performance;
 - Communicating a framework for defining and monitoring relationship boundaries of all types;
 - Providing guidelines for day-to-day decision-making by all staff members and volunteers in the organization;
 - Protecting both the integrity and reputation of individual members of the organization (including both paid and volunteer staff) and of the organization itself; and
 - Establishing high standards of ethical and professional conduct within the culture of the organization.
- *The external purposes for an organizational code for professional practice are to:*
- Protect both the health and safety of clients, while promoting the quality of services provided to them; and
 - Enhance public safety.
- There are several ethic codes for professionals working in the field of substances and alcohol such as International Society of Substance Use Professionals -ISSUP - Code of Ethics, Australian Government Department of Health's Code of Ethics for alcohol and other drug workers and the code of ethics developed by the American Counseling Association (ACA).
- Those purposes provide a foundation for what we will learn in this course. Many countries have or are in the process of developing their own codes of ethics for their SUD professionals. Two major organizations in the United States work globally to certify SUD treatment counselors internationally: the International Certification and Reciprocity Consortium (IC&RC) and NAADAC, the Association for Addiction Professionals.
- IC&RC certifies about 45,000 addiction-related professionals from 78 member boards. Half of these certified SUD professionals reside outside the United States. However, IC&RC does not have a master code of ethics. Instead, it allows the board of directors of each member organization to independently develop its own code.
- The majority of boards use the NAADAC master code of ethics. The Association for Addiction Professionals represents the professional interests of more than 95,000 addiction counselors, educators and other addiction-focused health care professionals in the United States, Canada and abroad.

- NAADAC's members are addiction counselors, educators and other addiction-focused health care professionals, who specialize in addiction prevention, treatment, recovery support and education. Only NAADAC has developed a master code of ethics in the field, so this course will focus on that code.

Values for SUD counselors

- Professional ethical standards are based on values. Values are the basic beliefs that an individual thinks to be true. Values also can be seen as the guiding principles in an individual's life. Individuals use their beliefs to make decisions or judgments about what is important and what fits their worldview. Examples of personal values are:
 - Family comes first;
 - Be kind to others; and
 - Keep learning.
- Values can also be cultural - guiding social behavior, or organizational - guiding business or other professional behavior. Examples of cultural values are:
 - Honor one's ancestors;
 - Obey one's parents; and
 - The good of "all" is more important than the good of "one."
- Examples of organizational values are:
 - The customer is always right;
 - Work hard; and
 - Be honest.

Values and SUD treatment ethics

- NAADAC includes as a preface to its code of ethics a list of 17 values developed by William White.¹ White notes that these are universal values that have served as the bases for codes of ethics for centuries.
 - Autonomy: What White describes as enhancing freedom of personal identity. Autonomy can also be defined as the capacity of a rational individual to make informed, uncoerced decisions;
 - Obedience: Obeying legal and ethically permissible directives;
 - Conscientious Refusal: Disobeying illegal or unethical directives;
 - Beneficence: Helping others;

1. White, W. L., & Popovits, R. M. (2001). Critical incidents: Ethical issues in the prevention and treatment of addiction. Bloomington, IL: Lighthouse Institute.

- Gratitude: What White described as “giving back” or passing good along to others;
- Competence: Being knowledgeable and skilled;
- Justice: Be fair, distribute by merit
- Stewardship: Using resources judiciously, wisely; Honesty and Candor: Telling the truth;
- Fidelity: Not breaking promises;
- Loyalty: Not abandoning;
- Non-maleficence: Not causing harm by considering the possible harm that any intervention might do and understanding that at times it may be better not to do something, or even to do nothing, than to risk causing more harm than good;
- Discretion: Respecting confidentiality and privacy;
- Diligence: Working hard;
- Self-improvement: Being the best that you can be;
- Restitution: Making amends to persons injured; and
- Self-interest: Protecting yourself.

MODULE 3

A MODELS FOR ETHICAL DECISION-MAKING

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Content and Timeline	
Content	Time
Introduction to Module 3	5 minutes
Interactive Presentation: Models for ethical decision-making process	30 minutes
Presentation: Introduction to ethical decision-making tool	30 minutes
<i>Break</i>	<i>15 minutes</i>
Reflective exercise: Reflections on ethical decision-making models	10 minutes

Module 3 Goals and Objectives

Training goals

- To describe three approaches to ethical decision-making; and
- To teach participants how to apply a decision-making model in ethical decision-making.

Learning objectives

Participants who complete Module 3 will be able to:

- Describe three models for ethical decision-making;
- Describe ways an ethical decision-making model can be used in an SUD program; and
- Describe a tool that can be used to guide ethical decision-making.



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Ethics for
Addiction Professionals



MODULE 3—A MODEL FOR ETHICAL DECISION-MAKING



DAP
Drug Advisory Programme

Module 3 Learning Objectives

- Describe three models for ethical decision-making
- Describe ways an ethical decision-making model can be used in an SUD program
- Describe a tool that can be used to guide ethical decision-making

3.2

Models for Ethical Decision-Making

- Applying ethical decision-making processes:
 - ▣ Help counselors and providers make informed decisions
 - ▣ Help in resolving ethical dilemmas and will be useful in court or with certification/licensing board should the complaint proceed to that level
- Decision-making models help you:
 - ▣ Assess the values and principles behind various choices
 - ▣ Identify potential consequences of any actions

3.3

Forester-Miller & Davis Model: Steps 1–4

1. Identify the problem
2. Apply the appropriate code of ethics
3. Determine the nature of any dilemma
4. Generate potential courses of action

Source: Forester-Miller, H., & Davis, T. (1995). *A practitioner's guide to ethical decision-making*. Alexandria, VA: American Counseling Association.

3.4

Forester-Miller & Davis Model: Steps 5–7

5. Consider the potential consequences of all options and choose a course of action
6. Evaluate the selected action
7. Implement the course of action



Source: Forester-Miller, H., & Davis, T. (1995). *A practitioner's guide to ethical decision-making*. Alexandria, VA: American Counseling Association.

3.5

Large-Group Reflection Questions

- How does this model compare with decision-making processes in your practice or program?
- Do you have questions or observations about this decision-making model?

3.6

Corey, Corey, & Callanan Model: Steps 1–4

1. Identify the problem or dilemma
2. Identify the potential issues involved
3. Review the relevant ethics codes
4. Know the applicable laws and regulations

Source: Corey, G., Corey, M. S., & Callanan, P. (2011). *Issues in ethics in the helping professions*, 8th edition. Belmont, CA: Brooks/Cole.

3.7

Corey, Corey, & Callanan Model: Steps 5–8

5. Obtain consultation
6. Consider possible and probable courses of action
7. Evaluate the possible consequences of various decisions
8. Choose what appears to be the best course of action

Source: Corey, G., Corey, M. S., & Callanan, P. (2011). *Issues in ethics in the helping professions*, 8th edition. Belmont, CA: Brooks/Cole.

3.8

Corey, Corey, & Callanan: Highlights

- Consultation
- Review of applicable laws and regulations



Source: Corey, G., Corey, M. S., & Callanan, P. (2011). *Issues in ethics in the helping professions*, 8th edition. Belmont, CA: Brooks/Cole.

3.9

Large-Group Reflection Questions

- How does this model compare with decision-making processes in your practice or program?
- Do you have questions or observations about this decision-making model?

3.10

White & Popovits Model

- 5-question model developed by White in 1993 for use by SUD professionals
- Enhanced by White & Popovits in 2001
- Became standard text in many SUD programs in the United States
- Provides a framework for ethical decision-making

Source: White, W. L., & Popovits, R. M. (2001). *Critical incidents: Ethical issues in the prevention and treatment of addiction*. Bloomington, IL: Lighthouse Institute.

3.11

White & Popovits Model: Question Set 1

- Whose interests are involved and who can be harmed?
- Who are the potential winners and losers?
- Which interests, if any, are in conflict?

3.12

White & Popovits Model: Question Set 1 (continued)

- Need to assess interests and vulnerabilities of multiple parties (stakeholders):
 - ▣ service recipients (clients and their families)
 - ▣ individual workers
 - ▣ treatment organization
 - ▣ SUD treatment field
 - ▣ community as a whole

3.13

White & Popovits Model: Question Set 2

- What universal or cultural-specific values apply to this situation and what course of action is suggested by these values?
- Which values are in conflict in this situation?
- List values that might be in conflict on the newsprint

3.14

White & Popovits Model: Question Set 2 (continued)

- Explore how widely held ethical values can be applied to determine the best course of action:
 - ▣ Identify values that apply
 - ▣ Identify values that might be in conflict
 - ▣ Ask, Which values are most important to you and your practice in this specific situation?
 - ▣ Determine the degree of good to be achieved or the degree of harm to be avoided

3.15

White & Popovits Model: Question Set 3

- What standards of law, professional propriety, organizational policy, or historical practice apply to the situation?

3.16

White & Popovits Model: Question Set 3 (continued)

- Help you analyze how established standards of professional conduct apply:
 - ▣ Legal mandates
 - ▣ Funding guidelines
 - ▣ Accreditation or licensing standards
 - ▣ Ethical standards or professional associations
 - ▣ Codes of professional practice
 - ▣ Employment contracts

3.17

Large-Group Reflection Questions

- How does this model compare with decision-making processes in your practice or program?
- Do you have questions or observations about this decision-making model?

3.18

An Ethical Decision-Making Tool

- Resource Page 3.1: An *adaptation* of White & Popovits' worksheet:
 - ▣ Adds potential stakeholders
 - ▣ Separates laws, standards, policies, and historical practices
 - ▣ Adds cultural teachings

Source: Adapted from White, W. L., & Popovits, R. M. (2001). *Critical incidents: Ethical issues in the prevention and treatment of addiction*. Bloomington, IL: Lighthouse Institute.

3.19

An Ethical Decision-Making Tool (continued)

1. Who are the stakeholders involved?
Who can be harmed?
2. How would this situation harm them? Who are the stakeholders likely to be moderately or significantly affected?
3. Whose interests are in conflict?

Stakeholders	Level of Impact		
	Significant	Moderate	Minimal
Clients			
Clients' Family Members			
SUD Counselor			
Other Staff Members			
Program			
Board of Directors			
Funding Sources			
Professional Field			
Community			
Public Safety			

3.20

An Ethical Decision-Making Tool (continued)

4. What universal values can be applied? Are any values in conflict?

Values	Level of Relevance		
	Significant	Moderate	Minimal
Autonomy (freedom over one's destiny)			
Beneficence (do good; help others)			
Competence (be knowledgeable and skilled)			
Conscientious Refusal (disobey illegal or unethical directives)			
Diligence (work hard)			
Discretion (respect confidence and privacy)			
Fidelity (keep your promises)			
Gratitude (giveback or pass good along to others)			
Other Values...			

3.21

An Ethical Decision-Making Tool (continued)

5. What laws, standards, policies, historical practices, or cultural teachings could or should guide you in this situation?

- ▣ Laws
- ▣ Standards
- ▣ Policies
- ▣ Historical practices
- ▣ Cultural teachings



3.22

Break

15 minutes

3.23

Reflective Exercise: Reflections on Ethical Decision-Making Models

- Was the concept of a decision-making model new to you?
- How do you think using a model can help you in your work?
- How might using an ethical decision-making model enhance the process your program is using to determine ethical courses of action?

3.24

Resource Page 3.1: Ethical Decision-Making Model¹

1. Whose interests are involved? Who can be harmed? (Use the table below.)

Stakeholders	Level of Impact		
	Significant	Moderate	Minimal or none
Clients			
Clients' Family Members			
SUD Counselor			
Other Staff Members			
Program			
Board of Directors			
Funding Sources			
Professional Field			
Community			
Public Safety			

2. How may primary stakeholders be involved or harmed?

3. Whose interests, if any, are in conflict?

¹ Adapted from White, W. L., & Popovits, R. M. (2001). *Critical incidents: Ethical issues in the prevention and treatment of addiction*. Bloomington, IL: Lighthouse Institute.

4. What universal values can be applied? (Use the table below.)

Are any of these values in conflict?

Values	Level of Relevance		
	Significant	Moderate	Minimal or none
Autonomy (freedom over one's destiny)			
Beneficence (do good; help others)			
Competence (be knowledgeable and skilled)			
Conscientious Refusal (disobey illegal or unethical directives)			
Diligence (work hard)			
Discretion (respect confidence and privacy)			
Fidelity (keep your promises)			
Gratitude ("giving back," or passing good along to others)			
Honesty and Candor (tell the truth)			
Justice (be fair; distribute by merit)			
Loyalty (don't abandon)			
Non-maleficence (don't hurt anyone)			
Obedience (obey legal and ethically permissible directives)			
Restitution (make amends to persons injured)			
Self-improvement (be the best that you can be)			
Self-interest (protect yourself)			
Stewardship (use resources wisely)			
Other Culture-Specific Values (list):			

5. What laws, standards, policies, historical practices, or cultural teachings could or should guide you in this situation?

A. Laws:

B. Standards:

C. Policies:

D. Historical Practices:

E. Cultural Teachings:

Module 3—Models for ethical decision-making, Summary

Models for ethical decision-making

- To make the best ethical decisions, it is critical to slow down decision-making to engage in a thoughtful and complete course of ethical deliberation, consultation, and action. Because there is no best practice decision-making model that is recommended for use in the counseling field, SUD professionals need to be familiar with various models and use a common process in their practice.
- At a minimum, using an ethical decision-making process helps in resolving ethical dilemmas and will be useful in court or with certification/licensing board should the complaint proceed to that level.
- Decision-making models also help counselors and providers make informed decisions. It guide the practitioners in assessing values and principles behind various choices and identify potential consequences of any actions.

Forester-Miller and Davis¹

- The first decision-making model we'll discuss has seven steps. It was developed in 1995 by Forester-Miller and Davis and published by the American Counseling Association. Their seven steps for making an ethical decision are:¹
 1. Identify the problem - outline the facts, separate innuendos, suspicions or theories. Ask, is it an ethical, legal, professional or clinical problem? Is this issue related to me, the client or the agency?;
 2. Apply the appropriate code of ethics - having determined the problem, review the Code of Ethics that may address it (example, professional, state or organizational codes). Consider any multicultural perspectives on the issue.
 3. Determine the nature of the dilemma - decide which of the principles (example, autonomy, justice, etc) apply to the specific situation, and determine which principle takes priority in this case. Review relevant professional literature, consult with experienced professional counselors and/or supervisors or consult state or national association to see if they can provide help with the dilemma.
 4. Generate potential courses of action - brainstorm as many possible courses of action. Be creative. Whenever possible, consult with at least one colleague to help generate options.
 5. Consider the potential consequences of all options and choose a course of action- evaluate each options, assess potential consequences for all parties involved, eliminate options that do not give desired results and review the remaining options to determine which of them addresses the priorities identified.

1. Forester-Miller, H., & Davis, T. (1995). A practitioner's guide to ethical decision-making. Alexandria, VA: American Counseling Association.

6. Evaluate the selected action - review the selected course of action to see if it presents any new ethical considerations; and
7. Implement the course of action - carry out the plan and follow-up on the situation to assess whether the action had the anticipated effect and consequences.

Corey, Corey, and Callahan

The next model, developed by Corey, Corey & Callanan, outlines an eight-step model:

1. Identify the problem or dilemma - gather all the information that sheds light on the situation. Clarify whether the conflict is ethical, legal, clinical, professional, or moral - or a combination of any of all of these. The first step toward resolving an ethical dilemma is recognizing that a problem exists and identifying its specific nature. You may reflect on the following questions: " What is the crux of the dilemma? Who is involved? What are the stakes? What are my values? What cultural and historical factors are in play? What insights does my client have regarding the dilemma? How is the client affected by the various aspects of the problem? What are my insights about the problem?;
2. Identify the potential issues involved - list and describe the critical issues and discard the irrelevant ones. Evaluate the rights, responsibilities and welfare of all those who are affected by the situation. Consider the cultural context of the situation including any relevant cultural dimensions of the client's situation. Identify and examine the ethical principles that are relevant in the situation. You may reflect on the following questions: What decision will safeguard the rights, responsibilities, and welfare of all those involved and those who are affected by the decision, including my own welfare as a practitioner? What actions have the least chance of bringing harm to my client?
3. Review the relevant code of ethics - ask yourself whether the standards or principles of your professional organization offer a possible solution to the problem. Consider whether your own values and ethics are consistent with or in conflict with the specific ethical code. If you are in disagreement with a particular standard, do you have a rationale to support your position? You can also seek guidance from your professional organization.
4. Know the applicable laws and regulations- it is essential for you to keep up to date on relevant state/country laws that might apply to ethical dilemmas. In addition, be sure you understand the current rules and regulations of the agency or organization where you work. This is especially critical in matters of keeping confidentiality, reporting child or elder abuse, dealing with issues pertaining to danger, record keeping, assessment, licensing, statutes, and the grounds for malpractice. Consider these questions: Are there any laws or regulations that have a bearing on the situation under consideration? What are the specific relevant laws that apply to the ethical dilemma? What are the rules, regulations and policies of my agency/institution in this matter?
5. Obtain consultation- consult with colleagues to obtain a different perspectives on the problem. Do not limit the individuals with whom you consult to those who share

your viewpoint. It is generally helpful to consult with several trusted colleagues to obtain different perspectives on the area of concern and to arrive at the best possible decisions. By consulting experts, practitioners show responsibility in obtaining the assistance necessary to provide the highest quality of care for clients. For example, if there is a legal question, seek legal counsel. If a clinical issue is involved, seek consultation from a professional with appropriate clinical expertise.

6. Consider possible and probable courses of action - brainstorm to identify multiple options for dealing with the situation. Generate a variety of solutions to the dilemma. Consider the ethical and legal implications of the possible solutions you have identified. Discuss options with your client.
7. Evaluate the probable outcomes of various actions - ponder the implications of each course of action for the client, for others who are related to the client, and for you as the counselor. Examine the probable outcomes, considering the risks and benefits of each course of action.
8. Choose what appears to be the best course of action - carefully consider the information you have received from various sources. One you have made what you consider to be the best decision, evaluate your course of action by asking these questions: How does my action fit with the code of ethics of my profession? To what degree does the action taken consider the cultural values and experience of the client? How might others evaluate my action? What did I learn from dealing with this ethical dilemma?

■ This model is similar to the Forester-Miller model, but gives attention to:

- Consulting with a second party, such as a colleague, a supervisor or experts, while in the process of making an ethical decision to obtain different perspectives and arrive at the best possible course of action.
- Reviewing all applicable laws and regulations when making a decision to ensure that any course of action does not violate any state laws and/or rules and policies of the organization.

White and Popovits¹

■ William White developed a five-question model for ethical decision-making for SUD professionals, which he and Renee Popovits updated in 2001.¹ We are using this particular model for several reasons:

- William White is a major thought-leader in the field of SUD treatment.
- The White and Popovits' book, *Critical Incidents*, became a standard text in many SUD studies programs in the United States.
- The model is extremely comprehensive. For that reason, it is particularly useful for the counselor.

1. White, W. L., & Popovits, R. M. (2001). *Critical incidents: Ethical issues in the prevention and treatment of addiction*. Bloomington, IL: Lighthouse Institute.

- The authors developed a written tool to help counselors use the model.
- Their framework for the analysis of ethical dilemmas involves answering three sets of related questions.
 - The first set of question includes:
 - Whose interests are involved and who can be harmed? Or, put more simply: Who are the potential winners and losers?
 - Which interests, if any, are in conflict?
- Any situation you encounter in your work will encompass the interests and vulnerabilities of many parties (stakeholders). You must analyze, in turn, the impacts on:
 - Service recipients (clients and their families);
 - Individual workers;
 - The treatment organization;
 - The SUD treatment field; and
 - The community as a whole.
- The second set of questions by White and Popovits encourages us to ask:
 - What universal or culture-specific values apply or can be applied to the situation, and what course of action is suggested by these values?
 - Which of these values are in conflict with the situation?
 - The second set of questions explores how widely held ethical values or virtues can be applied to help you formulate the best course of action. White and Popovits suggest that it is important not only to identify the values that apply, but also to identify values that may be in conflict. For example, the value of honesty may sometimes conflict with the value of loyalty.
 - White and Popovits ask: Which values are most important to you and your practice in this specific situation? These values are often determined by the degree of good to be achieved or the degree of harm to be avoided.
- White and Popovits' third set of questions involves looking at various outside regulations and practices that could guide the counselor in effective decision-making. They ask:
 - What laws apply to the situation that could guide the decision?
 - What standards of professional propriety, such as proper professional behavior, guide the decision in this case?
 - What standards of organizational policies apply to the situation?
 - What standards of historical practices apply to the situation?

- The third set of question helps you analyze how many established standards of professional conduct may either dictate or prohibit certain actions relevant to a situation. White and Popovits suggest that these standards include:
 - Legal mandates;
 - Funding guidelines;
 - Accreditation or licensing standards;
 - Ethical standards of professional associations;
 - Codes of professional practice; and
 - Employment contracts.
- A community's cultural values may also be in conflict with certain of these standards, forcing a counselor to revisit the first few questions again in more depth.

An ethical decision-making tool

- White and Popovits developed a worksheet to help counselors use their decision-making model. We have adapted their worksheet for you to use as a tool throughout the rest of this course and in your practice. We made minor adaptations, including
 - Adding potential stakeholders and
 - Separating laws, standards, policies, and historical practices. Because most of the world's SUD counselors work in diverse settings,
 - Adding cultural teachings to the authors' last question, knowing that cultural teachings often carry as much weight (and sometimes more) in ethical decision-making as do laws, standards, policies, and historical practices.
- See Resource Page 3.1 for the White and Popovits ethical decision-making worksheet.

MODULE 4

NAADAC ETHICAL PRINCIPLES I-IV

Content and timeline.....	103
Training goals and learning objectives.....	104
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Resource pages	129
Summary.....	152

Module 4—Code of Ethics Principles I-IV	
Content	Time of Session
Introduction to Module 4	5 minutes
Presentation: Introduction to Principle I—The counseling relationship	5 minutes
Small-group presentations: Principle I—The counseling relationship	60 minutes
<i>Lunch</i>	<i>60 minutes</i>
Small-group exercise: Case study, Principle I—The counseling relationship	45 minutes
Presentation: Introduction to Principle II—Confidentiality and privileged communication	5 minutes
Small-group presentations: Principle II—Confidentiality and privileged communication	60 minutes
<i>Break</i>	<i>15 minutes</i>
Small-group exercise: Case study, Principle II—Confidentiality and privileged communication	40 minutes
Presentation: Introduction to Principle III – Professional responsibilities and workplace standards	5 minutes
Small-group presentations: Principle III—Professional responsibilities and workplace standards	60 minutes
Day 2 Wrap-up	10 minutes
<i>End of Day 2</i>	
Welcome and review of day 2	5 minutes
Small-group exercise: Case study, Principle III—Professional responsibilities and workplace standards	40 minutes
Presentation – Introduction to Principle IV—Working in a Culturally-Diverse World	5 minutes
Small-group presentations: Principle IV—Working in a culturally diverse world	35 minutes
<i>Break</i>	<i>15 minutes</i>
Small-group exercise: Case Study, Principle IV—Working in a culturally diverse world	70 minutes
Reflective exercise: Summarizing lessons from Principles I-IV	10 minutes

Module 4 Goals and Objectives

Training goals

- To provide participants with an opportunity to work with the NAADAC Code of Ethics Principles I through III: counseling relationship, client data, and confidentiality; and
- To provide an opportunity for participants to practice using an ethical decision-making model with case studies relating to these principles.

Learning objectives

Participants who complete Module 4 will be able to:

- Provide an overview of Principle I, the counseling relationship;
- Use a process of ethical decision-making with a case study relevant to Principle I, the counseling relationship;
- Provide an overview of Principle II, confidentiality and privileged communication
- Use a process of ethical decision-making with a case study relevant to Principle II, confidentiality and privileged communication;
- Provide an overview of Principle III, professional responsibilities and workplace standards;
- Use a process of ethical decision-making with a case study relevant to Principle III, professional responsibilities;
- Provide an overview of Principle IV, working in a culturally-diverse world; and
- Use a process of ethical decision-making with a case study relevant to Principle IV, working in a culturally diverse world.



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MODULE 4—NAADAC ETHICAL PRINCIPLES I–IV



THE COLOMBO PLAN

DAP

Drug Advisory Programme

Module 4 Learning Objectives

- Provide an overview of Principle I, the counseling relationship
- Use a process of ethical decision-making with a case study relevant to Principle I, the counseling relationship
- Provide an overview of Principle II, confidentiality and privileged communication
- Use a process of ethical decision-making with a case study relevant to Principle II, confidentiality and privileged communication

4.2

Module 4 Learning Objectives

- Provide an overview of Principle III, professional responsibilities and workplace standards
- Use a process of ethical decision-making with a case study relevant to Principle III, professional responsibilities and workplace standards
- Provide an overview of Principle IV, working in a culturally-diverse world
- Use a process of ethical decision-making with a case study relevant to Principle IV, working in a culturally-diverse world

4.3

NAADAC Code Introduction: Key Points

- NAADAC recognizes that addiction professionals live and work in many diverse communities. As such its ethical code reflects best practices and the universal aspects of ethical behavior.



4.4

NAADAC Code Introduction: Key Points

- The code is designed as a statement of the values of the profession *and* as a guide for making clinical decisions
- NAADAC recognizes and encourages the notion that *personal* and *professional* ethics cannot be dealt with as separate domains

4.5

NAADAC Code Introduction: Key Points

- The ability to do good is based on an underlying concern for the well-being of others:
 - ▣ Recognition that we are all stakeholders in each other's lives—the well-being of each is intimately bound to the well-being of all
 - ▣ When the happiness of some is based on the unhappiness of others, the stage is set for the misery of all

NAADAC (2016). NAADAC Code of Ethics. Retrieved February 25, 2017

4.6

NAADAC Code Introduction: Key Points

- Addiction professionals must act in such a way that they would:
 - ▣ Have no embarrassment if their behavior became a matter of public knowledge
 - ▣ Have no difficulty defending their actions before any competent authority



4.7

NAADAC: Code of Ethics

- Principle I. The Counseling Relationship
- Principle II. Confidentiality and Privileged Communication
- Principle III. Professional Responsibilities and Workplace Standards

4.8

NAADAC: Code of Ethics

- Principle IV. Working in a Culturally-Diverse World
- Principle V. Assessment, Evaluation and Interpretation
- Principle VI. E-therapy, E-supervision and Social Media
- Principle VII. Supervision and Consultation



4.9

NAADAC: Code of Ethics

- Principle VIII. Resolving Ethical Concerns
- Principle IX. Research and Publication



4.10

Principles I - IV

- Principle I: The counseling relationship
- Principle II: Confidentiality/privileged communication
- Principle III: Professional responsibilities and workplace standards
- Principle IV. Working in a culturally-diverse world

Source: NAADAC. (2016). NAADAC Code of Ethics. Retrieved February 25, 2017, from <https://www.naadac.org/code-of-ethics>

4.11

Principle 1: The Counseling Relationship

- Addiction professionals are:
 - ▣ Responsible for safeguarding the counseling relationship and protecting vulnerable clients
 - ▣ Responsible to the larger society
- Even in their personal lives, addiction professionals should try to foster self-sufficiency and healthy self-esteem in others

4.12

Small-group Exercise Assignments

■ Refer to Resource Page 4.1

- ▣ Group 1: Standards 1-10
- ▣ Group 2: Standards 11-20
- ▣ Group 3: Standards 21-30
- ▣ Group 4: Standards 31-42

4.13

Small-group Presentations

- Read your assigned Standards
- Discuss as a group and decide the best way to present information about your assigned Standards (limit presentation to 5 minutes)
- Include examples from your own practices that will illustrate Standard/s you are presenting; consider cultural issues
- Be creative!

4.14

Lunch

60 minutes

4.15

Small-group Exercise: Case Study, Principle I- The Counseling Relationship

- Select a group facilitator and recorder
- Facilitator: Keep the group on track!
- Recorder: Use one of the worksheets to record decisions and process, then transfer to newsprint
- Take 30 minutes to work through the dual relationship case study using the questions at the end and the worksheet

4.16

Principle II- Confidentiality and Privileged Communication

■ Addiction Professionals

- Understand that confidentiality and anonymity are foundational to addiction treatment
- Embrace the duty of protecting the identity of each client as a primary obligation

4.17

Small-group Exercise Assignments

■ Refer to Resource Page 4.3

- Group 1: Standards 1 - 7
- Group 2: Standards 8 - 14
- Group 3: Standards 15 - 21
- Group 4: Standards 22 - 29

4.18

Small-group Exercise: Presentations

- Read your assigned Standards
- Discuss as a group and decide the best way to present information about your assigned Standards (limit presentation to 5 minutes)
- Include examples from your own practices that will illustrate Standard/s you are presenting; consider cultural issues
- Be creative!

4.19

Break

15 minutes

4.20

Small-group Exercise: Case Study, Principle II – Confidentiality and Privileged Communication

- Select a group facilitator and recorder
- Facilitator: Keep the group on track!
- Recorder: Use one of the worksheets to record decisions and process, then transfer to newsprint
- Take 30 minutes to work through the case study using the questions at the end and the worksheet

4.21

Principle III: Professional Responsibilities and Workplace Standards

- Ideally, addiction professionals:
 - ▣ Act with objectivity and integrity
 - ▣ Maintain highest standards in services provided
 - ▣ Recognize that effectiveness in the profession is based on the ability to be worthy of trust
 - ▣ Have reflected on the ethical implications of clinical decisions

4.22

“A More Than Ordinarily Responsible Life”

- The addiction professional must live a more than ordinarily responsible life, including:
 - ▣ Recognizing that even in a life well lived, harm might be done to others by words and actions
 - ▣ Admitting error when he or she becomes aware that any word or action has done harm
 - ▣ Doing what is possible to repair the harm except when to do so would cause greater harm

Source: NAADAC, the Association for Addiction Professionals. (2021). NAADAC code of ethics. Effective January 1, 2021, from <https://www.naadac.org/code-of-ethics>

4.23

Small-group Exercise Assignments

Refer to the Resource page 4.5:

- Group 1: Standards 1- 14
- Group 2: Standards 15 - 27
- Group 3: Standards 28 – 40
- Group 4: Standards 41 - 54

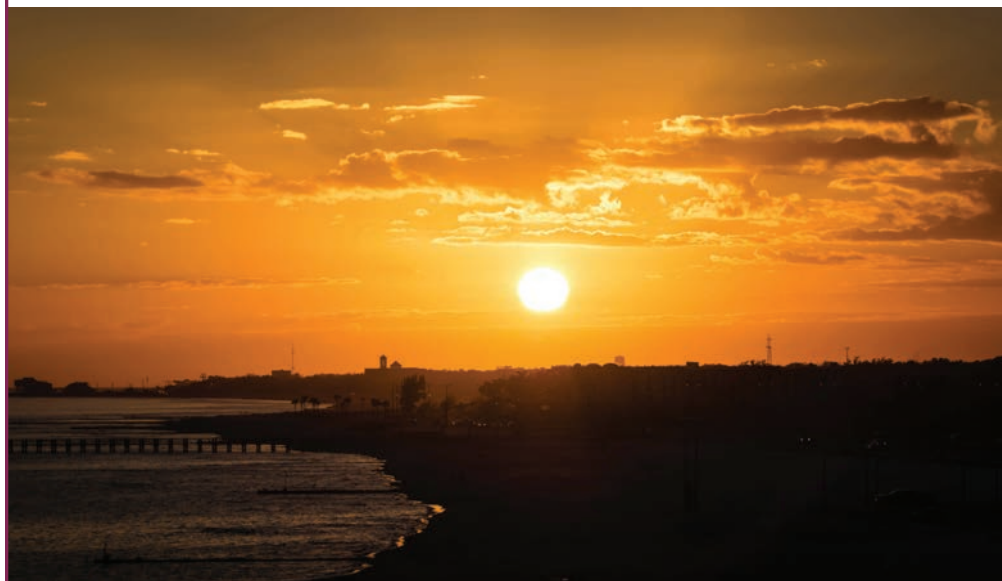
4.24

Small-group Exercise: Presentations

- Read your assigned Standards
- Discuss as a group and decide the best way to present information about your assigned Standards (limit presentation to 5 minutes)
- Include examples from your own practices that will illustrate Standard/s you are presenting; consider cultural issues
- Be creative!

4.25

Wrap-up and day 2 evaluation



4.26



UNIVERSAL CURRICULUM
Treatment of Substance Use Disorders

The Universal Treatment Curriculum for Substance Use Disorders (UTC)

UTC 8

Ethics for
Addiction Professionals 

MODULE 4—NAADAC ETHICAL PRINCIPLES
I–IV



Small-group Exercise: Case Study

- Select a group facilitator and recorder
- Facilitator: Keep the group on track!
- Recorder: Use one of the worksheets to record decisions and process, then transfer to newsprint
- Take 20 minutes to work through the case study using the questions at the end and the worksheet

4.28

Principle IV: Working in a Culturally Diverse World

- Addiction professionals shall be respectful of the individual, cultural, societal differences amongst clients
- Offer evidence-based services in diverse settings for diverse clients



4.29

Small-group Exercise Assignments

- Refer to the Resource page 4.7
 - ▣ Group 1: Standards 1- 4
 - ▣ Group 1: Standards 1- 4
 - ▣ Group 2: Standards 5 - 8
 - ▣ Group 3: Standards 9 -12

4.30

Small-group Exercise: Presentations

- Read your assigned Standards
- Discuss as a group and decide the best way to present information about your assigned Standards (limit presentation to 5 minutes)
- Include examples from your own practices that will illustrate Standard/s you are presenting; consider cultural issues
- Be creative!

4.31

Break

15 minutes

4.32

Small-group exercise: Case study, Principle IV – Working in a Culturally-Diverse World

- Create a case study
- Use the general format as previous case studies
 - ▣ Present a situation
 - ▣ Ask questions
- If possible, base the case study on an actual ethical dilemma
- Assign a recorder to write the case study

4.33

Small-group Exercise: Developing a Case Study

- Issues that could be addressed in a cultural conflict case study:
 - ▣ A program facing religious or language barriers in the community
 - ▣ Serving a client from a very different cultural background
 - ▣ A program with non-diverse staff members
 - ▣ Making (or not making) accommodations for a client with a disability

4.34

Reflective Exercise: Ethical Principles I-IV

- Take 10 minutes to reflect on what you learned today about ethical principles I - IV
- Include any information to take back to your program and discuss with colleagues



4.35

Resource Page 4.1: Principle I: The Counseling Relationship¹

Introduction: NAADAC and NCC AP recognize that their members, certified counselors, and other service providers live and work in many diverse communities. NAADAC shall have the responsibility to create a Code of Ethics that shall be relevant for ethical deliberation and guidance. The terms “addiction professionals” and “providers” shall include and refer to NAADAC Members, certified or licensed counselors offering addiction-specific services, and other service providers along the continuum of care from prevention through recovery. “Client” shall include and refer to individuals, couples, partners, families, or groups, depending on the setting.

II-1 Client Welfare - Addiction professionals shall accept their responsibility to ensure the safety and welfare of their client, and shall act for the good of each client while exercising respect, sensitivity, and compassion. Providers shall treat each client with dignity, honor, and respect, and act in the best interest of each client.

I-2 Informed Consent - Addiction professionals shall ensure that each client shall be fully informed about treatment, and shall provide clients with information in clear and understandable language regarding the purposes, risks, limitations, and costs of treatment services, reasonable alternatives, their right to refuse services, and their right to withdraw consent within time frames established within the consent. Providers shall review with their client, both verbally and in writing, the rights and responsibilities of both the provider and the client. Providers shall have the client attest to their understanding of the information presented in the Informed Consent by signing the Informed Consent document.

I-3 Informed Consent - Mandatory disclosures shall include:

- a. explicit explanation as to the nature of all services to be provided and methodologies and theories typically utilized;
- b. purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services;
- c. the addiction professional’s education, credentials, relevant experience, and approach to counseling;
- d. right to confidentiality and explanation of its limits, including duty to warn;
- e. the role of technology, including boundaries with electronic transmissions with clients and social networking;
- f. implications of diagnosis and the intended use of tests and reports;
- g. fees and billing, nonpayment, and policies for collecting nonpayment;
- h. specifics about clinical supervision and consultation;

¹ NAADAC, the Association for Addiction Professionals. (2021). NAADAC code of ethics. Effective January 1, 2021, from <https://www.naadac.org/code-of-ethics>

- i. the client's right to refuse services, and
- j. the client's right to refuse to be treated by a person-in-training, without fear of retribution..

I-4 Limits of Confidentiality - Addiction professionals shall clarify the nature of their relationship with each party, and the limits of confidentiality, at the outset of services when agreeing to provide services to a person at the request or direction of a third party.

I-5 Diversity - Addiction professionals shall respect the diversity of clients and provide culturally-responsive and culturally-sensitive services to all clients.

I-6 Discrimination - Addiction Professionals shall not practice, condone, facilitate, or collaborate with any form of discrimination against any client on the basis of race, ethnicity, color, religious or spiritual beliefs, age, gender identification, national origin, sexual orientation or expression, marital status, political affiliations, physical or mental handicap, health condition, housing status, military status, or economic status.

I-7 Legal Competency - Addiction professionals who act on behalf of a client who has been judged legally incompetent or with a representative who has been legally authorized to act on behalf of a client, shall act with the client's best interests in mind, and shall inform the designated guardian or representative of any circumstances which may influence the relationship. Providers shall balance the ethical rights of clients to make choices about their treatment, with their capacity to give consent to receive treatment-related services, and the parental/familial/representative's legal rights and responsibilities to protect the client and make decisions on their behalf.

I-8 Mandated Clients - Addiction professionals who work with clients who have been mandated to counseling and related services, shall discuss legal and ethical limitations to confidentiality. Providers shall explain confidentiality, limits to confidentiality, and the sharing of information for supervision and consultation purposes prior to the beginning of the therapeutic or service relationship. If the client refuses services, the provider shall discuss with the client potential consequences of refusing mandated services, while respecting client autonomy.

I-9 Multiple Therapists - Addiction professionals shall obtain a signed Release of Information (ROI) from the client if the client is working with another substance use or mental health professional. The ROI shall allow the provider to establish a collaborative professional relationship.

I-10 Boundaries - Addiction professionals shall consider the inherent risks and benefits associated with moving the boundaries of a counseling relationship beyond the standard parameters. Providers shall obtain consultation and supervision, and recommendations shall be documented.

I-11 Multiple/Dual Relationships - Addiction professionals shall make every effort to avoid multiple relationships with a client. When a dual relationship is unavoidable, the professional shall take extra care to ensure professional judgment is not impaired and there is no risk of client exploitation. Such relationships shall include, but are not limited to, members of the provider's immediate or extended family, business associates of the

professional, or individuals who have a close personal relationship with the professional or the professional's family. When extending these boundaries, providers shall take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that their judgment is not impaired and no harm occurs. Consultation and supervision shall be obtained, and the recommendations shall be documented.

I-12 Prior Relationship - Addiction professionals shall recognize that there are inherent risks and benefits to accepting as a client someone with whom the provider had a prior relationship, which shall include anyone with whom the provider had a casual, distant, or past relationship. Prior to engaging in a counseling relationship with a person from a previous relationship, the provider shall obtain consultation or supervision, and shall document the recommendations. The burden shall be on the provider to ensure that their judgment is not impaired, and that exploitation is not occurring.

I-13 Previous Client - Addiction professionals who are considering initiating any type of professional relationship with a previous client shall seek documented consultation or supervision prior to its initiation.

I-14 Group - Addiction professionals shall clarify who "the client" is, when accepting and working with more than one person as "the client." Providers shall clarify the relationship the provider will have with each person. In group counseling, providers shall take reasonable precautions to protect group members from harm.

I-15 Financial Disclosure - Addiction Professionals shall truthfully represent facts to all clients and third-party payers regarding services rendered, and the costs of those services.

I-16 Communication - Addiction professionals shall communicate information in ways that are developmentally and culturally appropriate. Providers shall offer clear and understandable language when discussing issues related to informed consent. Cultural implications of informed consent shall be considered and documented by the provider.

I-17 Treatment Planning - Addiction professionals shall create treatment plans in collaboration with their client. Treatment plans shall be reviewed and revised on an ongoing and intentional basis to ensure their viability and validity.

I-18 Level of Care - Addiction professionals shall provide their client with the highest quality of care. Providers shall use ASAM or other relevant placement criteria, to ensure that clients are appropriately and effectively served.

I-19 Documentation - Addiction professionals and other service providers shall create, maintain, protect, and store required documentation per federal, state, and tribal laws, rules, and organizational policies.

I-20 Advocacy - Addiction professionals shall advocate on behalf of clients at individual, group, institutional, and societal levels. Providers shall speak out regarding barriers and obstacles that impede access to and/or growth and development of clients. When advocating for a specific client, providers shall obtain written consent prior to engaging in advocacy efforts.

I-21 Referrals - Addiction professionals shall recognize that each client is entitled to the full extent of physical, social, psychological, spiritual, and emotional care required to meet their needs. Providers shall refer to culturally and linguistically appropriate resources when a client presents with any impairment that is beyond the scope of the provider's education, training, skills, expertise, and licensure.

I-22 Exploitation - Addiction professionals shall be aware of their influential positions with respect to clients, trainees, and research participants, and shall not exploit the trust and dependency of any client, trainee, or research participant. Providers shall not engage in any activity that violates or diminishes the civil or legal rights of any client. Providers shall not use coercive treatment methods with any client, including threats, negative labels, or attempts to provoke shame or humiliation. Providers shall not impose their personal, religious, or political values on any client. Providers shall not endorse conversion therapy.

I-23 Sexual Relationships - Addiction professionals shall not engage in any form of sexual or romantic relationship with any current or former client, nor shall they accept as a client anyone with whom they have engaged in a romantic, sexual, social, or familial relationship. This prohibition shall include in-person and electronic interactions and/or relationships. Addiction professionals shall be prohibited from engaging in counseling relationships with friends or family members.

I-24 Termination - Addiction professionals shall terminate services with the client when services are no longer required, no longer serve the client's needs, or the provider is unable to remain objective. Counselors shall provide pre-termination counseling and shall offer appropriate referrals as needed. Providers may refer a client, after obtaining and documenting supervision or consultation, when the provider is in danger of harm by the client or by another person with whom the client has a relationship.

I-25 Coverage - Addiction professionals shall make necessary coverage arrangements to accommodate interruptions in services such as vacations, illness, or any unexpected situation.

I-26 Abandonment - Addiction professionals shall not abandon any client in treatment. Providers who anticipate termination or interruption of services to clients shall notify each client promptly, and shall seek transfer, referral, or continuation of services in accordance with each client's needs and preferences.

I-27 Fees - Addiction Professionals shall ensure that all fees charged for services are fair, reasonable, and commensurate with the services provided and with due regard for clients' ability to pay.

I-28 Self-Referrals - Addiction professionals shall not refer clients to their private practice unless policies at the organization that is the source of the referral allow for self-referrals. When self-referrals are not permitted, clients shall be informed of other appropriate referral resources.

I-29 Commissions - Addiction Professionals shall not offer or accept any commissions, rebates, kickbacks, bonuses, or any form of remuneration for referral of a client for professional services, nor engage in fee splitting.

I-30 Enterprises - Addiction professionals shall not use relationships with clients for personal gain or profit.

I-31 Withholding Records - Addiction professionals shall not withhold records they possess that are needed for a client's treatment solely because payment has not been received for past services.

I-32 Withholding Reports - Addiction professionals shall not withhold reports to referral agencies regarding client treatment progress or completion solely because payment has not yet been received in full for services, particularly when those reports are to courts or probation officers who require such information for legal purposes. Reports shall only note that payment has not yet been made, or only partially made, for services rendered.

I-33 Disclosures re: Payments - Addiction professionals shall clearly disclose and explain to each client, prior to the onset of services: (1) costs and fees related to the provision of services, including any charges for cancelled or missed appointments, (2) the use of collection agencies or legal measures for nonpayment, and (3) the procedures for obtaining payment from the client if payment is denied by a third-party payer.

I-34 Regardless of Compensation - Addiction professionals shall provide the same level of professional skill and service to each client without regard to the type or amount of compensation provided by a client or third-party payer.

I-35 Billing for Actual Services - Addiction professionals shall charge only for services actually provided to the client, regardless of any oral or written contract the client has made with the addiction professional or agency.

I-36 Financial Records - Addiction Professionals shall maintain accurate and timely clinical and financial records for each client.

I-37 Suspension - Addiction Professionals shall give reasonable and written notice to clients of impending suspension of services for nonpayment.

I-38 Unpaid Balances - Addiction professionals shall give timely written notice to clients with unpaid balances of their intent to seek collection by an agency or other legal recourse. When such action is taken, addiction professionals shall not reveal clinical information.

I-39 Bartering - Addiction professionals shall only engage in bartering for professional services when: (1) the client requests it, (2) the relationship is not exploitative, (3) the professional relationship is not distorted, (4) federal and state laws and rules allow for bartering, and (5) a clear written contract is established with agreement on the value of the item(s) bartered for and number of corresponding sessions, prior to the onset of services. Providers shall consider the cultural implications of bartering and discuss relevant concerns with clients. Agreements shall be specified in a written contract. Providers shall obtain supervision or consultation, and shall document the recommendations.

I-40 Gifts - Addiction professionals shall recognize that clients may wish to show appreciation for services by offering gifts. Providers shall take into account the therapeutic relationship, the monetary value of the gift, the client's motivation for giving the gift, and the counselor's motivation for wanting to accept or decline the gift. Providers shall obtain

supervision or consultation prior to deciding whether or not to accept or decline a gift, and shall document the recommendations.

I-41 Uninvited Solicitation - Addiction Professionals shall not engage in uninvited solicitation of potential clients who are vulnerable to undue influence, manipulation, or coercion due to their circumstances.

I-42 Virtual - Addiction professionals shall be prohibited from engaging in a personal or romantic virtual e-relationship with all current and former clients.

Resource Page 4.2: Principle I: The Counseling Relationship, Case Study

Zainah is an SUD counselor at an outpatient treatment program, where she has worked for more than 5 years. She is a skilled counselor who connects well with her clients. In fact, many of her clients have commented that they would like to have Zainah as a friend. However, Zainah knows how to set boundaries with clients, so she does not allow this to happen.

Zainah is also an enthusiastic reader and for many years has been a regular customer at her community's bookstore. Over the years, she has become quite friendly with Sharifah, one of the store's owners. In fact, Sharifah would often call Zainah when certain books arrived in which she thought Zainah would be interested. Additionally, Zainah knows Sharifah's husband because he is a mechanic at the service station where Zainah's husband takes their cars for repair. Both families have children in the local primary school. Sharifah was also aware of Zainah's work as an SUD counselor and often joked, "If I ever need counseling, you are the one I would talk to first."

Meanwhile, Sharifah was developing a drug problem. Unknown to Zainah, Sharifah was becoming heavily involved in cocaine use and was spending the profits from the bookstore to buy her drugs. Her business partner, Marion, became aware of Sharifah's growing problem and was quite concerned about the effect this could have on their business. Knowing the good relationship Sharifah had with Zainah, she called her for advice.

Zainah agreed to facilitate an intervention at which Marion and some of Sharifah's family members confronted Sharifah about her problem. The intervention was a success, as Sharifah agreed to go into treatment. However, Sharifah said she would only go into treatment if she could go to the program in which Zainah worked and have Zainah as her counselor. Zainah agreed.

Sharifah completed the treatment process with Zainah as her counselor and continued her partnership with Marion at the bookstore. She fully expected Zainah to continue as a regular customer.

Please use the ethical decision-making model while discussing this dual relationships case to answer the following 4 questions:

1. Should Zainah have conducted the intervention for Sharifah?
2. Should Zainah have served as Sharifah's counselor?
3. Should Zainah continue to purchase her books at Sharifah's bookstore?
4. Should Zainah continue to be Sharifah's friend?

¹ NAADAC, the Association for Addiction Professionals. (2021). NAADAC code of ethics. Effective January 1, 2021, from <https://www.naadac.org/code-of-ethics>

Resource Page 4.3: Principle II: Confidentiality and Privileged Communication¹

II. Confidentiality/Privileged Communication and Privacy: Addiction professionals shall provide information to clients regarding confidentiality and any reasons for releasing information in adherence with confidentiality laws. When addiction professionals are providing services to families, couples, or groups, the limits and exceptions to confidentiality must be reviewed and a written document describing confidentiality must be provided to each person. Once private information is obtained by the addiction professional, standards of confidentiality apply. Confidential information is disclosed when appropriate with valid consent from a client or guardian. Every effort is made to protect the confidentiality of client information and in very specific cases or situations to disclose information appropriately and according to Federal law.

II-1 Confidentiality - Addiction professionals shall understand that confidentiality and anonymity are foundational to addiction treatment, and shall accept the duty to protect the identity and privacy of each client as a primary obligation. Providers shall communicate the parameters of confidentiality in a culturally-sensitive manner.

II-2 Documentation - Addiction professionals shall create and maintain appropriate documentation. Providers shall ensure that records and documentation created in any medium, which shall include, but shall not be limited to cloud, laptop, flash drive, external hard drive, tablet, computer, and paper shall be securely maintained in compliance with HIPAA and 42 CFR Part 2, and that only authorized persons shall have access to documents. Providers shall disclose to clients, within informed consent, how records shall be stored, maintained, and disposed per Federal and state laws and regulations.

II-3 Access - Addiction professionals shall notify the client, during informed consent, about procedures specific to client access to records. Addiction professionals shall provide the client reasonable access to documentation regarding the client upon his/her written request. Providers shall protect the confidentiality of any other persons contained in the records. Providers shall limit access of the client to their records, and provide a summary of the records when there is evidence that full access could cause harm to the client. A treatment summary shall include, and shall be limited to dates of service, diagnoses, treatment plan, and progress in treatment. Providers shall seek supervision or consultation prior to providing the client with documentation and shall document their rationale for releasing or limiting access to records. Providers shall provide assistance and consultation to the client regarding interpretation of counseling records.

II-4 Sharing - Addiction professionals shall engage in ongoing discussions with the client regarding how, when, and with whom information is to be shared.

¹ NAADAC, the Association for Addiction Professionals. (2021). NAADAC code of ethics. Effective January 1, 2021, from <https://www.naadac.org/code-of-ethics>

II-5 Disclosure - Addiction professionals shall not disclose confidential information regarding the identity of a client, nor information that could potentially reveal the identity of a client, without written consent by the client. In situations where the disclosure is mandated or permitted by state and federal law, verbal authorization shall not be sufficient, except in emergencies.

II-6 Privacy - Addiction professionals and the organizations they work for shall ensure that confidentiality and privacy of clients shall be protected by providers, employees, supervisees, students, office personnel, other staff and volunteers.

II-7 Limits of Confidentiality - Addiction professionals, during informed consent, shall disclose the legal and ethical limits of confidentiality and shall disclose the legal exceptions to confidentiality. Confidentiality and limitations to confidentiality shall be reviewed as needed during the counseling relationship. Providers shall review with each client all circumstances where confidential information may be requested, and where disclosure of confidential information may be legally required.

II-8 Imminent Danger - Addiction professionals shall only reveal client identity or confidential information without client consent when a client presents a clear and imminent danger to themselves or to another person, and only to emergency personnel who are directly involved in reducing the danger or threat. Counselors shall obtain supervision or consultation when unsure about the validity of an exception, and shall document the recommendations.

II-9 Courts - Addiction professionals who are ordered to release confidential and/or privileged information by a court shall obtain written, informed consent from the client, shall take steps to prohibit the disclosure, or shall have the disclosure limited as narrowly as possible because of potential harm to the client or counseling relationship.

II-10 Essential Only - Addiction professionals shall release only essential information when circumstances require the disclosure of confidential information.

II-11 Multidisciplinary Care - Addiction professionals shall inform the client when the provider is a participant in a multidisciplinary care team providing coordinated services to the client. The client shall have the right to ask who the members of the team are and what information is being shared.

II-12 Locations - Addiction professionals shall discuss confidential client information only in locations where they are reasonably certain they can protect client privacy.

II-13 Payers - Addiction professionals shall obtain client authorization prior to disclosing any information to third party payers (i.e., Medicaid, Medicare, insurance payers, private payers).

II-14 Encryption - Addiction professionals shall use encryption and other necessary precautions to ensure that information being transmitted electronically or in other medium remains confidential.

II-15 Deceased - Addiction Professionals shall protect the confidentiality of deceased clients by upholding legal mandates and documented preferences of the client.

II-16 All Parties - Addiction professionals, who provide group, family, or couples therapy, shall describe the roles and responsibilities of all parties, limits of confidentiality, and the inability to guarantee that confidentiality will be maintained by all parties.

II-17 Minors and Others - Addiction professionals shall protect the confidentiality of any information received when counseling minor clients or adult clients who lack the capacity to provide voluntary informed consent, regardless of the medium, in accordance with federal and state laws, and organization policies and procedures. Parents, guardians, and appropriate third parties shall be informed regarding the role of the provider and the limits of confidentiality in the counseling relationship.

II-18 Storage and Disposal - Addiction professionals shall create and/or abide by Federal and state laws and organizational policies and procedures regarding the storage, transfer, and disposal of confidential client records. Providers shall maintain client confidentiality in all mediums and forms of documentation.

II-19 Video Recording - Addiction professionals shall obtain informed consent and Releases of Information prior to videotaping, audio recording, or permitting third party observation of any client interaction or group therapy session. Clients shall be fully informed regarding recordings, which shall include, but shall not be limited to the purpose, who shall have access, and the storage, and disposal of recordings prior to recording.

II-20 Recording e-therapy - Addiction professionals shall obtain informed consent and a written Release of Information prior to recording an electronic therapy session. Prior to obtaining informed consent for recording e-therapy, the provider shall obtain supervision or consultation, and shall document the recommendations. Providers shall disclose to clients, in informed consent, how e-records shall be stored, maintained, and disposed, and in what time frame.

II-21 Federal Regulations Stamp - Addiction professionals shall ensure that all written information released to others shall be accompanied by a statement identifying the Federal Regulations governing such disclosure, and shall notify clients when a disclosure is made, to whom the disclosure was made, and for what purposes the disclosure was made.

II-22 Transfer Records - Unless exceptions to confidentiality exist, addiction professionals shall obtain written permission from clients to disclose or transfer records to legitimate third parties. Providers shall ensure that receivers of counseling records shall be made aware of their confidential nature. Addiction professionals shall ensure that all information released shall meet requirements of 42 CFR Part 2 and HIPAA. All information released shall be appropriately marked as confidential.

II-23 Written Permission - Addiction professionals who receive confidential information about any past, present, or potential client shall not disclose such information without obtaining written permission from the client allowing such release.

II-24 Multidisciplinary Care - Addiction professionals shall not release confidential information to external professionals, which shall include, but shall not be limited to physicians, probation and parole officers, and psychiatrists without first obtaining written consent to release information.

II-25 Health Status - Addiction professionals shall adhere to relevant Federal and state laws concerning the disclosure of a client's health status.

II-26 Storage and Disposal - Addiction professionals shall store, safeguard, and dispose of client records in accordance with Federal and state, accepted professional standards, and in ways which protect the confidentiality of clients.

II-27 Temporary Assistance - Addiction professionals, when serving clients of another agency or colleague during a temporary absence or emergency, shall serve those clients with the same professional consideration and confidentiality as that afforded the professional's own clients.

II-28 Termination - Addiction professionals shall protect client confidentiality in the event of the counselor's termination of practice, incapacity, or death. Providers shall appoint a records custodian when identified as appropriate, in their organizational or private practice policies, in their professional Will, or other document.

II-29 Consultation - Addiction professionals shall share information about a client with a consultant only for professional purposes. Providers shall only release information pertaining to the reason for the consultation. Providers shall protect the client's identity and prevent breaches of the client's privacy. Addiction professionals, when consulting with colleagues or referral sources, shall not share confidential information obtained in clinical or consulting relationships that could lead to identification of the client, unless the provider has obtained prior written consent from the client. Information shall be shared only in appropriate clinical settings and only to the extent necessary to achieve the purposes of the consultation.

Resource Page 4.4: Principle II: Confidentiality and Privileged Communication, Case Study

You are an addiction professional working as an outreach worker at a community drop-in center, which sees a diverse range of clients from the homeless to those experiencing severe substance use disorders and those suffering from HIV/AIDS. Some of your work with clients is done within your office in a structured environment, but frequently you meet over coffee at the center or even seek clients out in the community when concerned about their health and safety. Regardless of where you meet your clients, you always at least orally assure them that everything they share with you will be kept confidential. That assurance has allowed you to build trust with and assist clients with whom no one else has been successful.

Recently there have been five deaths in your community caused by people consuming a home-made alcoholic beverage. When you meet Ranjit this week on the little hillside where he and his friends usually hang out, he is very high. Eventually he tells you that he was feeling really guilty because he knows who sold the chemicals used in the home-made alcohol purchased by the people who died. You ask who it was, and Ranjit names a local small-business owner. Ranjit tells you he knows this information because he earned a bit of money by helping the owner load the supplies onto his truck before they were delivered. After thanking Ranjit for his honesty, you tell him that you plan to go to the police with that information. Ranjit states you cannot do that because you promised total confidentiality and he shared that information because you have always honored that commitment. You explain that there is an exception to confidentiality when lives are endangered, but Ranjit says you never told him that. You have never had Ranjit sign a release of information form or any other kind of confidentiality document.

Please use the ethical decision-making model to answer the following questions:

1. Should you report this information to the local police?
2. How might this type of situation have been avoided?

Resource Page 4.5: Principle III: Professional Responsibilities and Workplace Standards¹

III. Professional Responsibility: The addiction professional espouses objectivity and integrity and maintains the highest standards in the services provided. The addiction professional recognizes that effectiveness in his or her profession is based on the ability to be worthy of trust. The professional has taken time to reflect on the ethical implications of clinical decisions and behavior using competent authority as a guide. Furthermore, the addiction professional recognizes that those who assume the role of assisting others to live a more responsible life take on the ethical accountability of living responsibly. The addiction professional recognizes that even in a life well lived, harm might be done to others by words and actions. When he or she becomes aware that any work or action has done harm, he or she admits the error and does what is possible to repair or ameliorate the harm except when to do so would cause greater harm. Professionals recognize the many ways in which they influence clients and others within the community and take this fact into consideration as they make decisions in their personal conduct.

III-1 Responsibility - Addiction professionals shall abide by the NAADAC Code of Ethics. Addiction professionals shall read, understand and follow the NAADAC Code of Ethics and shall adhere to applicable Federal and state laws and regulations.

III-2 Integrity - Addiction professionals shall conduct themselves with integrity. Providers shall maintain integrity in their professional and personal relationships and activities. Providers shall communicate honestly, accurately, and appropriately to clients, peers, and the public, regardless of the communication medium used.

III-3 Discrimination - Addiction Professionals shall not engage in, endorse or condone discrimination against prospective or current clients and their families, students, employees, volunteers, supervisees, or research participants based on their race, ethnicity, age, disability, religion, spirituality, gender, gender identity, sexual orientation, marital or partnership status, pregnancy, language preference, socioeconomic status, immigration status, active duty or veteran status, or any other basis.

III-4 Nondiscriminatory - Addiction Professionals shall provide services that are nondiscriminatory and nonjudgmental. Providers shall not exploit others in their professional relationships. Providers shall maintain appropriate professional and personal boundaries.

III-5 Fraud - Addiction Professionals shall not participate in, condone, or be associated with any form of dishonesty, fraud, or deceit.

III-6 Violation - Addiction Professionals shall not engage in any criminal activity. Addiction Professionals and Service Providers shall be in violation of this Code and subject to appropriate sanctions, up to and including permanent revocation of their NAADAC membership and NCC AP certification, if they:

¹ NAADAC, the Association for Addiction Professionals. (2021). NAADAC code of ethics. Effective January 1, 2021, from <https://www.naadac.org/code-of-ethics>

1. Fail to disclose conviction of any felony to the appropriate regulatory bodies, if requested.
2. Fail to disclose conviction of any misdemeanor related to their qualifications or functions as an Addiction Professional, to the appropriate regulatory bodies, if requested.
3. Engage in conduct which could lead to conviction of a felony or misdemeanor related to their qualifications or functions as an Addiction Professional.
4. Are expelled from or disciplined by other professional organizations.
5. Have their licenses or certificates suspended or revoked, or are otherwise disciplined by regulatory bodies.
6. Continue to practice addiction counseling while impaired to do so due to physical or mental causes.
7. Continue to practice addiction counseling while impaired abuse of alcohol or other drugs.
8. Continue to identify themselves as a certified or licensed addiction professional after being denied certification or licensure, or allowing their certification or license to lapse, or having their certification or license suspended or revoked.
9. Fail to cooperate with the NAADAC or NCC AP Ethics Committees at any point from the inception of an ethics complaint through the completion of all procedures regarding that complaint.

III-7 Harassment - Addiction Professionals shall not engage in or condone any form of harassment, including sexual harassment.

III-8 Membership - Addiction professionals shall intentionally differentiate between current, active memberships and former or inactive memberships with NAADAC and other professional associations.

III-9 Credentials - Addiction professionals shall claim and present only those educational degrees conferred upon them by accredited institutions. Providers shall claim and present only those specialized certifications received from a qualified certifying body. Providers shall accurately represent the accreditation status of a specific institution of higher learning or certifying body.

III-10 Credentials - Addiction Professionals shall claim and promote only those licenses and certifications that are current and in good standing.

III-11 Accuracy of Representation - Addiction Professionals and providers shall correct all references to their credentials and affiliations that are false, deceptive, or misleading. Providers shall advocate for accuracy in statements made by self or others about the addiction profession.

III-12 Misrepresentation - Addiction professionals shall accurately represent professional qualifications, education, experience, memberships, affiliations or recovery history.

Providers shall accept employment only on the basis of existing competencies or explicit intent to acquire the necessary competence.

III-13 Scope of Practice - Addiction professionals shall only provide services within their scope of practice and competency, and shall only offer services that are science-based, evidence-based, and outcome-driven. Providers shall engage in counseling practices that are grounded in rigorous research methodologies. Providers shall maintain adequate knowledge of and adhere to applicable professional standards of practice.

III-14 Boundaries of Competence - Addiction professionals shall only practice within the boundaries of their competence. Competence shall be established through education, training, skills, and supervised experience, state and national professional credentials and certifications, and relevant professional experience.

III-15 Proficiency - Addiction professionals shall seek and develop proficiency through relevant education, training, and supervised experience prior to independently delivering specialty services. Providers shall obtain supervised experience and consultation to ensure the validity of their work and shall protect clients from harm when developing skills in new specialty areas.

III-16 Educational Achievement - Addiction professionals shall recognize that advanced educational achievement shall be necessary to provide the level of service clients deserve. Providers shall accept and acknowledge the need for formal and specialized education as a vital component of professional development, competency, and integrity.

III-17 Continuing Education - Addiction professionals shall engage in continuing education and professional development opportunities in order to maintain and enhance knowledge of research-based scientific developments within the profession. Providers shall learn and utilize new procedures relevant to the clients they serve, under supervision. Providers shall remain informed regarding best practices for working with diverse populations.

III-18 Self-Monitoring - Addiction professionals shall continuously self-monitor in order to meet their professional obligations. Providers shall engage in self-care activities that promote and maintain their physical, psychological, emotional, and spiritual well-being.

III-19 Scientific - Addiction professionals shall use techniques, procedures, and modalities that have a scientific and empirical foundation. Providers shall utilize counseling techniques and procedures that are grounded in theory, evidence-based, outcome-driven and/or a research-supported promising practice. Providers shall not use techniques, procedures, or modalities that have substantial evidence suggesting harm, even when such services are requested.

III-20 Innovation - Addiction professionals shall discuss with clients and document the potential risks, benefits and ethical concerns prior to using developing or innovative techniques, procedures, or modalities with a client. Providers shall minimize any potential risks or harm when using developing and/or innovative techniques, procedures, or modalities, and document the steps taken to minimize risks. Providers shall obtain and document supervision and/or consultation regarding potential risks to clients prior to presenting innovative treatment options.

III-21 Multicultural Competency - Addiction professionals shall deliver multiculturally-sensitive counseling and other services by gaining knowledge specific to multiculturalism, increasing awareness of the diverse cultural identifications of clients, developing cultural humility, displaying an attitude favorable to differences, and increasing skills pertinent to being culturally-sensitive.

III-22 Multidisciplinary Care - Addiction professionals shall work to educate medical professionals about substance use disorders, the need for collaboration between primary care and SUD providers, and the need to limit the use of mood-altering chemicals for clients in SUD treatment and/or recovery.

III-23 Medical Professionals - Addiction professionals shall recognize the need for the use of mood-altering chemicals in limited medical situations, and shall work to educate medical professionals to limit, monitor, and closely supervise the administration of such chemicals when their use is necessary.

III-24 Collaborative Care - Addiction Professionals shall collaborate with other health care professionals in providing a supportive environment for any client who receives prescribed medication.

III-25 Multidisciplinary Care - Collaborative multidisciplinary care teams shall be focused on increasing the client's functionality and wellness. Addiction professionals who are members of multidisciplinary care teams shall work with team members to clarify professional and ethical obligations of the team as a whole, and its individual members. If ethical concerns develop as a result of a team decision, providers shall attempt to resolve the concern within the team first. If resolution cannot be reached within the team, providers shall obtain and document supervision and/or consultation to address their concerns consistent with client well-being.

III-26 Collegial - Addiction professionals shall be aware of the need for collegiality and cooperation in the helping professions. Providers shall act in good faith towards colleagues and other professionals, and shall treat colleagues and other professionals with respect, courtesy, honesty, and fairness.

III-27 Collaborative Care - Addiction Professionals shall develop respectful and collaborative relationships with other professionals who are working with a specific client. Providers shall not offer professional services to a client who is in counseling with another professional, except with the knowledge and documented approval of the other professionals or following termination of services with the other professionals.

III-28 Qualified - Addiction professionals shall work to promote the practice of addiction counseling by qualified persons and shall only employ individuals who have the appropriate and requisite education, training, licensure and/or certification, and supervised experience.

III-29 Advocacy - Addiction professionals shall be aware of society's prejudice and stigma towards people with substance use disorders, and shall willingly engage in the legislative process, educational institutions, and public forums to educate people about addictive disorders, and shall advocate for opportunities and choices for clients. Providers shall advocate for their clients as needed.

III-30 Advocacy - Addiction professionals shall inform the public of the impact of substance use disorders through active participation in civic affairs and community organizations. Providers shall act to ensure that all persons, especially the disadvantaged, have access to the opportunities, resources, and services required to treat and manage their disorders. Providers shall educate the public about substance use disorders, and shall work to dispel negative myths, stereotypes, and misconceptions about substance use disorders and the people who have them.

III-31 Present Knowledge - Addiction professionals shall respect the limits of present knowledge in public statements concerning addictions treatment, and shall report that knowledge accurately, without distortion or misrepresentation to the public and others.

III-32 Organizational vs. Private - Addiction professionals shall distinguish clearly between statements made and actions taken as a private individual, and statements made and actions taken as a representative of an agency, group, organization, or the addiction profession.

III-33 Public Comments NAADAC - Addiction professionals shall make no public comments disparaging NAADAC or the addictions profession, substance use disorders, the legislative process, or any person involved in the legislative process. The term “public comments” shall include, but shall not be limited to any and all forms of oral, written, and electronic communication.

III-34 Development - Addiction professionals shall actively participate in local, state and national associations that promote professional development.

III-35 Policy - Addiction Professionals shall support the formulation, development, enactment, and implementation of public policy and legislation concerning the addiction profession and our clients.

III-36 Parity - Addiction Professionals shall work for parity in insurance coverage for substance use disorders as primary medical disorders.

III-37 Impairment - Addiction professionals shall recognize the effect of impairment on professional performance and shall seek appropriate professional assistance for any personal problems or conflicts that may impair work performance or clinical judgment. Providers shall continuously monitor themselves for signs of physical, psychological, social, and emotional impairment. Providers, with the guidance of supervision or consultation, shall obtain appropriate assistance in the event they are professionally impaired. Providers shall abide by statutory mandates specific to professional impairment when addressing one’s own impairment.

III-38 Impairment - Addiction professionals shall offer and provide assistance as needed to peers, coworkers, and supervisors who are demonstrating professional impairment, and shall intervene to prevent harm to clients. Providers shall abide by statutory mandates specific to reporting the professional impairment of peers, coworkers, and supervisors.

III-39 Referrals - Addiction professionals shall not refer clients, nor recruit colleagues or supervisors, from their places of employment or professional affiliations to their private

practice without prior documented authorization. Providers shall offer multiple referral options to clients when referrals are necessary. Providers shall obtain supervision or consultation to address any potential or real conflicts of interest, and shall document the recommendations.

III-40 Termination - Addiction professionals shall create a written plan, policy or professional Will for addressing situations involving the provider's incapacitation, termination of practice, retirement, or death. Addiction professionals or agencies shall develop policies regarding continuation of services upon the incapacitation, termination, retirement or death of the provider.

III-41 Representation - Addiction professionals and organizations offering education, trainings, seminars, and workshops shall accurately and honestly represent their NAADAC-approved education provider status. Providers and organizations shall meet all requirements set forth by NAADAC prior to promoting their active provider status.

III-42 Promotion - Addiction professionals shall ensure that promotions and advertisements concerning workshops, trainings, seminars and products that they have developed for use in the delivery of services are accurate and provide ample information so consumers can make informed choices. Providers shall not use their counseling, teaching, training or supervisory relationships to deceptively promote their products or training events.

III-43 Testimonials - Addiction professionals who solicit testimonials from former clients or any other persons shall discuss with clients the implications of, and potential concerns, regarding testimonials, prior to obtaining written permission for the use of specific testimonials.

III-44 Reports - Addiction professionals shall accurately, honestly and objectively report professional activities and judgments to appropriate third parties, which shall include, but shall not be limited to courts, probation/parole, insurance organizations and providers, recipients of evaluation reports, referral sources, professional organizations, regulatory agencies, regulatory boards, and ethics committees.

III-45 Advice - Addiction professionals, when offering advice or comments using any platform, which shall include, but shall not be limited to presentations and lectures, demonstrations, printed articles, mailed materials, television or radio programs, video or audio recordings, technology-based applications, or other media shall ensure that their statements are based on academic, research, and evidence-based, outcome-driven literature and practice. The advice or comments shall be consistent with the NAADAC Code of Ethics.

III-46 Dual Relationship - Addiction professionals who are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings shall clarify role expectations and the parameters of confidentiality with all parties involved.

III-47 Illegal Practices - Addiction professionals who become aware of inappropriate, illegal, discriminatory, and/or unethical policies, procedures and practices at their agency, organization, or practice shall alert their employers. When there is potential for harm to

clients or limitations on the effectiveness of services, providers shall seek supervision and/or consultation to determine appropriate next steps and further action. Providers and supervisors shall not harass or terminate an employee or colleague who has acted in a responsible and ethical manner to expose inappropriate employer/employee policies, procedures and/ or practices.

III-48 Supervision - Addiction professionals who act in the role of supervisor or consultant, shall ensure that they have appropriate resources and competencies prior to providing supervisory or consultation services. Supervisors or consultants shall provide appropriate referrals to resources when requested or needed.

III-49 Supervision - Addiction professionals who offer supervisory or consultation services shall review with the consultee/supervisee, both verbally and in writing, the rights and responsibilities of both the supervisor/consultant and supervisee/consultee. Providers shall inform all parties involved about the purpose, costs, risks and benefits, and the limits of confidentiality of the services to be provided.

III-50 Credit - Addiction Professionals shall give appropriate credit to the authors or creators of all materials used in their course of their work. Providers shall not plagiarize another person's work.

Resource Page 4.6: Principle III: Professional Responsibilities and Workplace Standards, Case Study

You are a counselor in an outpatient substance use disorder program. You are aware of your ethical obligation regarding your professional conduct as a representative of the field of addiction treatment and understand that this obligation applies to you whether you are in the workplace or out in the community. You have always been careful to set a positive example for the profession through your actions with co-workers, family, friends, and the public at large. You are not in recovery and on occasion may have a glass of wine. However, you have never used drugs other than those prescribed by your doctor, and you never drink alcohol in excess.

Some of your co-workers are in recovery. You respect and admire your colleagues in recovery especially given what they have been through and how they have successfully built new lives. You see all staff members, including yourself, as role models for your clients.

You are aware that some of your co-workers, who are not in recovery, do their share of socializing outside of work. You have never attended any of the parties your co-workers have invited you to, but you have heard that sometimes there has been some excessive drinking at them. You feel this is inappropriate for a professional in the field of substance use disorder treatment, but as far as you know, this behavior has been kept private. However, you frequently hear the rumor that one of those who regularly attends these parties (Huy) becomes very intoxicated at nearly all of them.

Until recently, you have never witnessed any of this alleged drinking behavior. As far as you are concerned, you don't listen to rumors and gossip so you have chosen not to be involved. However, while at a weekday evening dinner with friends at a restaurant, you hear commotion coming from the bar. Looking over at the bar, you see two co-workers, who are obviously intoxicated. One of them is Huy. You are surprised to see whom he is drinking with—another staff member, Mihn. Mihn is one of the counselors who have been quite open with clients and staff about being in recovery. You are concerned because they are both talking loudly and acting rudely.

This creates a serious dilemma for you, because you are unsure of your obligations as a professional and a colleague. You want to say something immediately, but you are not sure what to say if you did approach them. You decide it would be best to wait until you are all back at work. You are very concerned about the reputation of your treatment program if staff members are displaying such behavior in public, but you are also confused over whether or not you have a professional obligation to report this behavior to someone else. Even if you do have an obligation to report, you are not sure whom you would report it to.

Please use the ethical decision-making model while discussing this case study to answer the following three questions:

1. Do you have an ethical obligation to report your co-workers off-duty drinking behavior?
2. If you do, to whom do you report this behavior?
3. Would this one-time, off-duty, drinking behavior be considered a violation of the code of ethics?

Resource Page 4.7: Principle IV: Working in a Culturally-Diverse World¹

IV. Working in a Culturally-Diverse World: An addiction professional understands the significance of the role that ethnicity and culture play in an individual's perceptions and how he or she lives in the world. Addiction professionals shall remain aware that many individuals have disabilities, which may or may not be obvious. Some disabilities are invisible and unless described might not appear to inhibit expected social, work, and health care interactions. Included in the invisible disabled category are those persons who are hearing impaired, have a learning disability, have a history of brain or physical injuries, and are affected by chronic illness. Persons having such limitations might be younger than age 65. Part of the intake and assessment must then include a question about any additional factor that must be considered when working with the client.

IV-1 Respect - Addiction professionals shall be knowledgeable and aware of diverse cultural, individual, societal, and role differences amongst the clients they serve in a diversity of settings along the continuum of care. Providers shall offer services that demonstrate appropriate respect for the fundamental rights, dignity and worth of all clients.

IV-2 Cultural Humility - Addiction professionals shall demonstrate cultural humility. Providers shall maintain an interpersonal perspective that is other-oriented and accepting of the cultural identities of the other person, which shall include, but shall not be limited to (clients, colleagues, peers, employees, employers, volunteers, supervisors, and supervisee.

IV-3 Meanings - Addiction professionals shall be willing to discuss the diverse cultural meanings associated with confidentiality and privacy. Providers shall be willing to discuss differing opinions regarding the disclosure of information with client(s) and supervisor(s).

IV-4 Personal Beliefs - Addiction professionals shall develop an understanding of their own personal, professional, and cultural values and beliefs. Providers shall recognize which personal and professional values may be in alignment with or in conflict with the values and needs of the client. Providers shall not use cultural or values differences as a reason to engage in discrimination. Providers shall obtain supervision and/or consultation to address areas of difference and to decrease bias, judgment, and micro-aggressions, and shall document the recommendations.

IV-5 Heritage - Addiction professionals shall practice cultural humility, and shall accept the values, norms, and cultural heritage of their clients. Providers shall not impose his or her values and/or beliefs on the client.

IV-6 Credibility - Addiction professionals shall practice cultural humility, and shall be credible, capable, and trustworthy. Providers shall use a cultural humility framework to consider diversity of values, interactional styles, and cultural expectations.

¹ NAADAC, the Association for Addiction Professionals. (2021). NAADAC code of ethics. Effective January 1, 2021, from <https://www.naadac.org/code-of-ethics>

IV-7 Roles - Addiction professionals shall respect the roles of family members, social supports, and community structures, hierarchies, values and beliefs within the client's culture. Providers shall consider the impact of adverse social, environmental, and political factors in assessing concerns and designing interventions.

IV-8 Methodologies - Addiction professionals shall only use methodologies, skills, and practices that are evidence-based and outcome-driven for the populations being served. Providers shall obtain ongoing professional development opportunities to develop specialized knowledge and understanding of the groups they serve. Providers shall obtain the necessary knowledge and training to maintain humility and sensitivity when working with clients of diverse backgrounds.

IV-9 Advocacy - Addiction professionals shall advocate for the needs of the diverse populations they serve.

IV-10 Recruitment - Addiction professionals shall engage in and advocate for the recruitment and retention of professionals and service providers who represent diverse cultural groups.

IV-11 Special Needs - Addiction professionals shall provide and advocate for the provision of services that meet the special needs of clients, including linguistic diversity and disabilities.

IV-12 Culturally-Driven Needs - Addiction professionals shall recognize that conventional counseling styles may not meet the needs of all clients. Providers shall discuss with the client how to determine the best manner in which to service the client. Providers shall obtain supervision and consultation when working with individuals with specific culturally-driven needs, and shall document the recommendations.

Module 4—NAADAC Ethical Principles I–IV, Summary

This module is experiential and a full summary cannot be provided. Principles I–IV of the NAADAC Code of Ethics are found in the following Resource Pages:

- Principle I—The counseling relationship: Resource Page 4.1;
- Principle II—Confidentiality and privileged communication: Resource Page 4.3;
- Principle III - Professional Responsibilities and workplace standards: Resource Page 4.5; and
- Principle IV – Working in a culturally-diverse world: Resource Page 4.7.

MODULE 5

NAADAC ETHICAL PRINCIPLES V-VII

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Content and Timeline	
Content	Time
Introduction to Module 5	5 minutes
Presentation: Introduction to Principle V— Assessment, evaluation and interpretation	5 minutes
Small-group presentations: Principle V— Assessment, evaluation and interpretation	30 minutes
<i>Lunch</i>	<i>60 minutes</i>
Small-group exercise: Case Study, Principle V— Assessment, evaluation and interpretation	40 minutes
Presentation: Introduction to Principle VI—E- therapy, e-supervision, and social media	5 minutes
Small-group presentations: Principle VI—E- therapy, e-supervision, and social media	30 minutes
Small-group exercise: Case study Principle VI—E- therapy, e-supervision, and social media	60 minutes
<i>Break</i>	<i>15 minutes</i>
Presentation: Introduction to Principle VII—Supervision and consultation	5 minutes
Small-group presentation: Principle VII—Supervision and consultation	50 minutes
Day 3 Wrap-up	10 minutes
Welcome and review of day 3	5 minutes
Small-group exercise: Case study, Principle VII— Supervision and consultation	40 minutes
Reflective exercise: Summarizing lessons from Principles V-VII	10 minutes

Module 5 Goals and Objectives

Training goals

- To provide participants an opportunity to work with NAADAC Code of Ethics Principle V, assessment, Principle VI, e-therapy, and Principle VII, supervision; and
- To provide an opportunity for participants to practice using an ethical decision-making model with case studies relating to these principles and their standards.

Learning objectives

Participants who complete Module 5 will be able to:

- Provide an overview of Principle V, assessment, evaluation and interpretation;
- Use a process of ethical decision-making with a case study relevant to Principle V, assessment, evaluation and interpretation;

- Provide an overview of Principle VI, e-therapy, e-supervision, and social media;
- Use a process of ethical decision-making with a case study relevant to Principle VI, e-therapy, e-supervision, and social media; and
- Provide an overview of Principle VII, supervision and consultation.
- Use a process of ethical decision-making with a case study relevant to Principle VII, supervision and consultation



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MODULE 5—NAADAC ETHICAL PRINCIPLES V-VII



THE COLOMBO PLAN

DAP

Drug Advisory Programme

Module 5 Learning Objectives

- Provide an overview of Principle V, assessment, evaluation and interpretation
- Use a process of ethical decision-making with a case study relevant to Principle V, assessment, evaluation and interpretation
- Provide an overview of Principle VI, e-therapy, e-supervision, and social media
- Use a process of ethical decision-making with a case study relevant to Principle VI, e-therapy, e-supervision, and social media

5.2

Module 5 Learning Objectives

- Provide an overview of Principle VII, supervision and consultation
- Use a process of ethical decision-making with a case study relevant to Principle VII, supervision and consultation

5.3

Introduction to Principle V: Assessment, Evaluation and Interpretation

- Addiction professionals use
 - ▣ Assessment as one component of counseling/treatment and referral process
 - ▣ Assessment instruments with established reliability for which he or she has been adequately trained to administer and interpret

5.4

Small-group Exercise Assignments

- Refer to Resource page 5.1
 - ▣ Group 1: Standards 1- 5
 - ▣ Group 2: Standards 5-10
 - ▣ Group 3: Standards 11 -15

5.5

Small-group exercise: Presentations

- Read your assigned Standards
- Discuss as a group and decide the best way to present information about your assigned Standards (limit presentation to 5 minutes)
- Include examples from your own practices that will illustrate Standard/s you are presenting; consider cultural issues
- Be creative!

5.6

Lunch

60 minutes

5.7

Small-group Exercise: Case Study

- Select a group facilitator and recorder
- Facilitator: Keep the group on track!
- Recorder: Use one of the worksheets to record decisions and process, then transfer to newsprint
- Take 30 minutes to work through the case study using the questions at the end and the worksheet

5.8

Introduction to Principle VI: E-Therapy, E-Supervision and Social Media

Provision of services using technology and electronic devices

- Include tele-therapy, real-time video-based therapy and services, email, chat, cloud storage, and others

5.9

Small-group Exercise Assignments

■ Refer to Resource page 5.3

- ▣ Group 1: Standards 1- 5
- ▣ Group 2: Standards 5-10
- ▣ Group 3: Standards 11 -15
- ▣ Group 4: Standards 16-20

5.10

Small-group exercise: Presentations

- Read your assigned Standards
- Discuss as a group and decide the best way to present information about your assigned Standards (limit presentation to 5 minutes)
- Include examples from your own practices that will illustrate Standard/s you are presenting; consider cultural issues
- Be creative!

5.11

Small group exercise: Developing a Case Study

- Create a case study
- Use the general format as previous case studies
 - ▣ Present a situation
 - ▣ Ask questions
- If possible, base the case study on an actual ethical dilemma
- Assign a recorder to write the case study

5.12

Small group exercise: Case Study E-therapy, E-supervision, and Social media

- Trade case studies!
- Select a facilitator and recorder
- Facilitator: Keep group on track!
- Recorder: Use one of the worksheets to record decisions and process, then transfer to newsprint
- 20 minutes to work through the case study

5.13

Break

15 minutes

5.14

Introduction to Principle VII—Supervision and Consultation

- Addiction professionals who supervise others shall
 - ▣ Provide accurate information, timely evaluations and constructive consultation
 - ▣ Maintain appropriate supervisor–supervisee relationships
 - ▣ Help develop supervisee potential and independent functioning

5.15

Small-group Exercise Assignments

■ Refer to Resource page 5.4

- ▣ Group 1: Standards 1- 8
- ▣ Group 2: Standards 9 - 16
- ▣ Group 3: Standards 17 - 24
- ▣ Group 4: Standards 25 - 33

5.16

Small-group exercise: Presentations

- Read your assigned Standards
- Discuss as a group and decide the best way to present information about your assigned Standard (limit presentation to 5 minutes)
- Include examples from your own practices that will illustrate Standard/s your are presenting; consider cultural issues
- Be creative

5.17

Wrap-up and day 3 evaluation



5.18



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MODULE 5—NAADAC ETHICAL PRINCIPLES V-VII



THE COLOMBO PLAN

DAP

Drug Advisory Programme

Small-group Exercise: Case Study

- Select a group facilitator and recorder
- Facilitator: Keep the group on track!
- Recorder: Use one of the worksheets to record decisions and process, then transfer to newsprint
- Take 30 minutes to work through the case study using the questions at the end and the worksheet

5.20

Reflective Exercise: Summarizing lessons from Principles V-VII

- Take 10 minutes to reflect on what you learned today about ethical principles V – VII
 - Assessment
 - E-Therapy
 - Supervision



5.21

Resource Page 5.1: Principles V: Assessment, Evaluation, and Interpretation¹

V. Assessment, Evaluation, and Interpretation: The addiction professional uses assessment instruments as one component of the counseling/treatment and referral process taking into account the client's personal and cultural background. The assessment process promotes the well-being of individual clients or groups. Addiction professionals base their recommendations/reports on approved evaluation instruments and procedures. The designated assessment instruments are ones for which reliability has been verified by research.

V-1 Assessment - Addiction professionals shall use assessments appropriately within the counseling process. Providers shall consider the clients' personal and cultural contexts when assessing and evaluating a client. Providers shall develop and/or use appropriate mental health, substance use disorder, and other relevant assessments tools.

V-2 Validity - Reliability - Addiction professionals shall utilize only those assessment instruments whose validity and reliability have been established for the population being tested, and for which they have received adequate training in administration and interpretation. Counselors who use technology-assisted test interpretations shall be trained in the construct being measured and the specific instrument being used prior to using its technology-based application..

V-3 Validity - Addiction professionals shall consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting assessments. Providers shall use data from several relevant assessment tools and/or instruments to form conclusions, diagnoses, and recommendations.

V-4 Explanation - Addiction professionals shall explain to clients the nature and purposes of each assessment and the intended use of results, prior to administration of the assessment. Providers shall offer explanations in terms and language that the client or other legally authorized person can understand.

V-5 Administration - Addiction professionals shall provide an appropriate environment, free from distractions, for the administration of assessments. Providers shall ensure that technologically-administered assessments are functioning appropriately and providing accurate results.

V-6 Cultural Influences - Addiction professionals shall recognize and understand that culture influences the manner in which clients' concerns are defined and experienced. Providers shall be aware of historical traumas and social prejudices in the misdiagnosis and pathologizing of specific individuals and groups. Providers shall develop awareness of prejudices and biases within self and others and shall address such biases in themselves or others. Providers shall consider the client's cultural experiences when diagnosing and planning for mental health and substance use disorder treatment.

¹ NAADAC, the Association for Addiction Professionals. (2021). NAADAC code of ethics. Effective January 1, 2021, from <https://www.naadac.org/code-of-ethics>

V-7 Diagnosing - Addiction professionals shall provide proper diagnosis of mental health and substance use disorders, within their scope and licensure. Assessment techniques used to determine client placement for care shall be carefully selected and appropriately used.

V-8 Results - Addiction professionals shall consider the client's welfare, explicit understandings, and previous agreements in determining when and how to provide assessment results.

V-9 Misusing Results - Addiction professionals shall not misuse assessment results and interpretations. Providers shall respect the client's right to know the results, interpretations and diagnoses made and shall provide results, interpretations, and diagnoses in a manner that is understandable and does not cause harm. Providers shall adopt practices that prevent others from misusing assessment results and interpretations.

V-10 Normed Population - Addiction professionals shall select and use, with caution, assessment tools and techniques normed on populations other than that of the client. Providers shall obtain supervision or consultation when using assessment tools that are not normed to the client's cultural identities, and shall document the recommendations.

V-11 Referral - Addiction professionals shall provide specific and relevant data about the client, when referring a client to a third party for assessment or evaluation, to ensure that appropriate instruments are used.

V-12 Security - Addiction professionals shall maintain the integrity and security of tests and assessment data, thereby addressing legal and contractual obligations. Providers shall not reproduce or modify published assessments, or parts thereof, without written permission from the publisher. Providers shall give credit to the developer and/or publisher of the test or assessment.

V-13 Forensic - Addiction professionals who conduct a forensic evaluation shall inform the client, verbally and in writing, that the current relationship is for the specific purpose of forensic evaluation, and that the evaluation shall not be therapeutic. Entities or individuals who shall receive the evaluation report shall be identified prior to conducting the evaluation. Providers performing forensic evaluations shall obtain written consent from those being evaluated, or from their legal representative, unless a court orders the evaluation to be conducted without the written consent of the individual being evaluated. Informed written consent shall be obtained from a parent or guardian prior to evaluation, when the child or adult lacks the capacity to give voluntary consent.

V-14 Forensic - Addiction professionals conducting forensic evaluations shall provide verifiable objective findings based on the data gathered during the assessment/ evaluation process and review of records. Providers shall offer unbiased professional opinions based on the data gathered and analysis performed.

V-15 Dual Relationships - Addiction professionals shall not perform a forensic evaluation on current or former clients, spouses or partners of current or former clients, or the clients' family members. Providers shall not provide counseling to the individuals who they forensically evaluate. Providers shall avoid potentially harmful dual relationships with the family members, romantic partners, and close friends of individuals they forensically evaluate.

Resource Page 5.2: Principles V: Assessment, Evaluation, and Interpretation, Case Study

Charles is an experienced drug counselor in an SUD treatment program and has worked in the field for 4 years. He recently began working for a program that follows an assessment protocol that includes the use of the Addiction Severity Index (ASI). Charles has not yet been fully trained in the use of the ASI, but he is expected to use it. His supervisor has offered to help him, but lately his supervisor has been too busy to meet with him. Besides not having much experience at using the ASI, Charles has little experience assessing and treating individuals with mental disorders.

Charles recently completed an assessment of a client who admitted to prior psychiatric treatment for an anxiety disorder. When asked what his diagnosis was, the client said he was not sure, but said that he has a history of experiencing what he referred to as “panics.” The client stated that he had been prescribed Xanax (a benzodiazepine) for his anxiety, but that he had stopped taking it about a year ago after he started effectively managing his anxiety. However, the client stated that for the last 30 days the symptoms of anxiety have returned and to deal with this he began buying substances on the street. Charles did not ask the client what his symptoms were when the anxiety returned but did ask him what kind of drugs he was taking. The client said he wasn’t sure, but that they were “relaxers” of various types with effects similar to Xanax.

The client told Charles that when he is high, he no longer experiences shortness of breath, tightness in his chest, and “racing heartbeat” that he had previously experienced. Lately, however, these symptoms have returned, leading him to use more of the substances. Charles was not sure whether the client was having panic attacks or whether his symptoms were due to his drug use or to the cessation of his use of drugs. Charles was under the impression that the client’s anxiety was a symptom of withdrawal, so he thought that once the client was detoxified, he would be all right. Charles ended up recommending detoxification for the client, because he felt pretty certain that the client’s problem was addiction to central nervous system depressants.

Please use the ethical decision-making model to answer the following questions:

1. Did Charles make the right decision in referring his client to detox?
2. Did Charles miss anything of significance in his assessment of this client? If so, what?
3. Could the symptoms presented here indicate a co-occurring mental disorder? If so, what might his diagnosis be?
4. Is there anyone Charles should be contacting? If so, who?
5. What standards of Principle II may have been violated?

Resource Page 5.3: Principles VI: E-therapy, e-supervision, and social media¹

VI-i Introduction - Addictions professionals are witnessing an expansion of available technologies that offer opportunities for electronic and distance delivery of care, billing services and client record storage, transfer and maintenance. Providers shall be current on related technologies and understand their application.

Providers shall consider the potential benefits and risks for harm to clients in exposure to specific technologies or in having confidential information stored and/or transmitted electronically. Examples of potential benefits of using e-delivery for counseling services shall include, but shall not be limited to: (a) reducing geographical barriers, (b) provision of services to those with physical or psychological disorders, and (c) working with individuals and families who would not take advantage of traditional services. Examples of potential limitations of using e-delivery for counseling services shall include, but shall not be limited to: (a) concerns about maintaining confidentiality, (b) challenges associated with developing a therapeutic alliance, (c) inability to assess nonverbal communication, (d) determining and resolving practice and licensure jurisdiction concerns, and (e) assessment and provision of emergency services.

VI-1 Definition - “E-Therapy” and “E-Supervision” shall refer to the provision of services by an addiction professional using technology, electronic devices, and HIPAA-compliant resources. Electronic platforms shall include, but shall not be limited to: land-based and mobile communication devices, fax machines, webcams, computers, laptops, tablets, flash drives, external hard drives, and cloud storage. E-therapy and e-supervision shall include but shall not be limited to the following delivery platforms: tele-therapy, real-time video-based therapy and services, emails, texting, chatting and instant messaging. Providers and clinical supervisors shall be aware of the unique challenges created by electronic forms of communication and the use of available technology, and shall take steps to ensure that the provision of e-therapy and e-supervision is as safe and confidential as possible.

VI-2 Competency - Addiction professionals who choose to engage in the use of technology for e-therapy, distance counseling, and e-supervision shall pursue specialized knowledge and competency regarding the technical, ethical, and legal considerations specific to technology, social media, and distance counseling. Providers shall be trained and current in their knowledge of e-therapy technologies and techniques.

VI-3 Informed Consent - Addiction professionals, who are offering an electronic platform for e-therapy, distance counseling/case management, and/or e-supervision shall provide an Electronic/Technology Informed Consent, which shall explain the right of each client and supervisee to be fully informed about services delivered through technological mediums, and shall provide each client/supervisee with information in clear and understandable language regarding the purposes, risks, limitations, and costs of treatment services,

¹ NAADAC, the Association for Addiction Professionals. (2021). NAADAC code of ethics. Effective January 1, 2021, from <https://www.naadac.org/code-of-ethics>

reasonable alternatives, their right to refuse service delivery through electronic means, and their right to withdraw consent at any time. Providers shall review with the client/supervisee, both verbally and in writing, the rights and responsibilities of both providers and clients/supervisees. Providers shall have the client/supervisee attest to their understanding of the parameters covered by the Electronic/ Technology Informed Consent by signing the Electronic/Technology Informed Consent. Providers who obtain initial Consent by verbal attestation shall follow up in a timely manner with a written, signed, and dated, document.

VI-4 Informed Consent - Addiction professionals shall execute thorough e-therapy informed consent prior to starting technology-based services. A technology-based informed consent discussion shall include, but shall not be limited to:

- contact information of the client, counselor/provider and supervisor;
- e-therapy is not always an appropriate substitute or replacement for face-to-face counseling;
- all of the procedures that apply to delivery of in-person services shall apply to the e-delivery of services;
- duty to warn and mandatory reporting laws that shall apply to all counseling services, including e-therapy;
- confidential and privacy rules and laws, and exceptions to those rules and laws;
- issues related to security and privacy of information, and potential for hacking or other unauthorized viewing;
- access to counseling services and to technology assistance to use e-therapy;
- benefits and limitations of engaging in the use of distance counseling, technology, and/or social media;
- potential misunderstandings due to limited visual and auditory cues;
- potential for confusion often present in e-delivery of services;
- response time to asynchronous communication (emails, texts, chats, etc.);
- possibility of technology failure and alternate methods of service delivery;
- emergency protocols to follow;
- procedures for when the counselor is not available;
- consideration of time zone differences;
- policy regarding recording of sessions by either party;
- cultural and/or language differences that may affect delivery of services;
- possible denial of insurance benefits; and
- social media policy.

VI-5 Verification - Addiction professionals who engage in the use of electronic platforms for the delivery of services shall take reasonable steps to verify the client's/ supervisee's identity prior to engaging in the e-therapy relationship and throughout the therapeutic relationship. Verification shall include, but shall not be limited to a minimum of one of the following: picture ids, code words, numbers, graphics, or other nondescript identifiers.

VI-6 Licensing Laws - Addiction professionals shall comply with relevant licensing laws in the jurisdiction where the provider/clinical supervisor is physically located when providing care and where the client/supervisee is located when receiving care. Emergency management protocols shall be entirely dependent upon the location where the client/supervisee receives services. Providers, during informed consent, shall notify their clients/supervisees of the legal rights and limitations governing the practice of counseling/supervision across state lines or international boundaries. Providers shall advise clients that mandatory reporting and related ethical requirements such as duty to warn/notify shall be governed by the jurisdiction where the client/supervisee is receiving services.

VI-7 State & Federal Laws - Addiction professionals utilizing technology, social media, and distance counseling within their practice shall be subject to state and Federal laws and regulations governing the counselor's practicing location. Providers utilizing technology, social media, and distance counseling within their practice shall be subject to laws and regulations in the client's/supervisee's state of residency, and shall be subject to laws and regulations in the state where the client/ supervisee is located during the actual delivery of services.

VI-8 Non-Secured - Addiction professionals shall be aware that electronic means of communication are not secure, and shall inform clients, students, and supervisees that remote services using electronic means of delivery cannot be entirely secured or confidential. Providers who provide services via electronic technology shall fully inform each client, student, or supervisee of the limitations and risks regarding confidentiality associated with electronic delivery, including the fact that electronic exchanges may become part of clinical, academic, or professional records. Providers shall ensure that clinical discussions cannot be overheard by others outside of the room where the services are provided. Providers shall conduct internet-based counseling on HIPAA-compliant servers.

VI-9 Assess - Addiction professionals shall assess and document the client/supervisee's ability to benefit from and engage in e-therapy services. Providers shall consider the client/supervisee's cognitive capacity and maturity, past and current diagnoses, communications skills, level of competence using technology, and access to the necessary technology. Providers shall consider geographical distance to the nearest emergency medical facility, efficacy of client's support system, the client's current medical and behavioral health status, the client's current or past difficulties with substance abuse, and the client's history of violence or self-injurious behavior.

VI-10 Transmission - Providers shall use current encryption standards within their websites and for technology-based communications. Providers shall take reasonable precautions to ensure the confidentiality of information transmitted and stored through any electronic means.

VI-11 Multidisciplinary Care - Addiction professionals shall discuss with the client that optimal clinical management of the client may depend on coordination of care between a multidisciplinary care team. Providers shall explain to the client that the provider may need to develop collaborative relationships with local community professionals, such as the client's local primary care provider and local emergency service providers, as this would be critical in case of emergencies.

VI-12 Local Resources - Addiction professionals shall be familiar with in-person mental health resources in the client's geographic location, should the provider exercise clinical judgment to make a referral for additional substance abuse, mental health, or other appropriate services.

VI-13 Boundaries - Addiction professionals shall maintain a professional relationship with their clients/supervisees. Providers shall discuss, establish and maintain professional therapeutic boundaries with clients/supervisees regarding the appropriate use and application of technology, and the limitations of its use within the counseling/supervisory relationship. Providers shall be aware of the unique risks for boundary crossings associated with the e-delivery of services.

VI-14 Capability - Addiction professionals shall determine whether the client/supervisee shall be physically, intellectually, emotionally, linguistically and functionally capable of using e-therapy platforms and whether e-therapy/e-supervision is appropriate for the needs of the client/supervisee. Providers and clients/supervisees shall agree on the means of e-therapy/ e-supervision to be used and the steps to be taken in case of a technology failure. Providers shall verify that clients/supervisees understand the purpose and operation of technology applications and follow up with clients/supervisees to correct potential concerns, discover appropriate use, and assess subsequent steps.

VI-15 Missing Cues - Addiction professionals shall acknowledge the differences between non-verbal and verbal cues in face-to-face and electronic communication, and how these could influence the counseling/supervision process. Providers shall discuss with their client/supervisee how to prevent and address potential misunderstandings arising from the lack of visual cues and voice inflections when communicating electronically.

VI-16 Records - Addiction professionals shall be aware of the inherent dangers of electronic health records. Providers shall inform clients/supervisees of the benefits and risks of maintaining records in a cloud-based file management system and discuss the fact that nothing that is electronically saved on a Cloud is secure and confidential. Providers shall ensure that Cloud-based file management shall be encrypted, secured, and HIPAA-compliant. Providers shall use encryption programs when transmitting client information to protect confidentiality.

VI-17 Records - Addiction professionals shall maintain electronic records in accordance with relevant state and federal laws and statutes. Providers shall inform clients on how records will be maintained electronically and/or physically, which shall include, but shall not be limited to, the type of encryption and security used to store the records and the length of time storage of records shall be maintained.

VI-18 Links - Addiction professionals who provide e-therapy services and/or maintain a professional website shall provide electronic links to relevant licensure and certification boards and professional membership organizations (i.e., NAADAC), to protect the client's/supervisee's rights and address ethical concerns.

VI-19 Friends - Addiction professionals shall not accept client "friend" requests on social networking sites or via email. Providers who choose to maintain a professional and personal presence for social media use, shall create separate professional and personal web pages, and profiles, which shall clearly distinguish between the professional and personal virtual presence.

VI-20 Social Media - Addiction professionals shall clearly explain to their clients/supervisees, as part of informed consent, the benefits, inherent risks, including lack of confidentiality, and necessary boundaries surrounding the use of social media. Providers shall clearly explain their policies and procedures specific to the use of social media in clinical relationships with the client/supervisee. Providers shall respect the client's/supervisee's rights to privacy on social media, and shall not investigate the client/supervisee without prior consent.

Resource Page 5.4: Principle VII: Supervision and Consultation¹

VII. Supervision and Consultation: Addiction professionals who supervise others accept the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations, and constructive consultation. Counseling supervisors are aware of the power differential in their relationships with supervisees and take precautions to maintain ethical standards. In relationships with students, employees, and supervisees, he or she strives to develop full creative potential and mature independent functioning.

VII-1 Responsibility - Addiction Professionals who teach and provide clinical supervision accept the responsibility of enhancing professional development of students and supervisees by providing accurate and current information, timely feedback and evaluations, and constructive consultation.

VII-2 Training - Addiction Professionals shall complete training specific to clinical supervision prior to offering or providing clinical supervision to students or other professionals.

VII-3 Code of Ethics - Supervisors and supervisees, including interns and students, shall be responsible for knowing and following the NAADAC Code of Ethics.

VII-4 Informed Consent - Informed consent is an integral part of setting up a supervisory relationship. Supervisory informed consent shall include discussion regarding client privacy and confidentiality, etc. Terms of supervisory relationship and fees shall be negotiated by supervisor and supervisee, and shall be documented in the supervisory contract.

VII-5 Informed Consent - Supervisees shall provide clients with a written professional disclosure statement. Supervisees shall inform clients about how the supervision process influences the limits of confidentiality. Supervisees shall inform clients about who shall have access to their clinical records, and when and how these records will be stored, transmitted, or otherwise reviewed.

VII-6 Informed Consent - Clinical Supervisors shall communicate to the supervisee, during supervision informed consent, procedures for handling client/clinical crises. Alternate procedures are also communicated and documented in the event that the supervisee is unable to establish contact with the supervisor during a client/clinical crisis.

VII-7 Policies - Clinical Supervisors shall inform supervisees of policies and procedures to which supervisors shall adhere. Supervisors shall inform supervisees regarding the mechanisms for due process appeal of supervisor actions.

VII-8 Multiculturalism - Clinical Supervisors shall be cognizant of and address the role of multiculturalism in the supervisory relationship between supervisor and supervisee

¹ NAADAC, the Association for Addiction Professionals. (2021). NAADAC code of ethics. Effective January 1, 2021, from <https://www.naadac.org/code-of-ethics>

VII-9 Multiculturalism - Educators and site supervisors shall offer didactic learning content and experiential opportunities related to multiculturalism and cultural humility throughout their programs.

VII-10 Diversity - Educators and site supervisors shall make every attempt to recruit and retain a diverse faculty and staff. Educators and site supervisors shall make every attempt to recruit and retain a diverse student body, demonstrating their commitment to serve a diverse community. Educators and site supervisors shall recognize and value the diverse talents and abilities that students bring to their training experience.

VII-11 Diversity - Educators and site supervisors shall provide appropriate accommodations that meet the needs of their diverse student body and support well-being and academic performance.

VII-12 Boundaries - Clinical Supervisors shall intentionally develop respectful and relevant professional relationships and maintain appropriate boundaries with clinicians, students, interns, and supervisees, in all venues. Supervisors shall strive for accuracy and honesty in their assessments of students, interns, and supervisees.

VII-13 Boundaries - Clinical Supervisors clearly define and maintain ethical professional, personal, and social boundaries with their supervisees. Supervisors shall not enter into a romantic/sexual/nonprofessional relationship with current supervisees, whether in-person and/or electronically.

VII-14 Confidentiality - Clinical Supervisors shall not disclose confidential information in teaching or supervision without the expressed written consent of a client, and only when appropriate steps have been taken to protect client's identity and confidentiality.

VII-15 Monitor - Clinical Supervisors shall monitor the services provided by supervisees. Supervisors shall monitor client welfare. Supervisors shall monitor supervisee performance and professional development. Supervisors shall empower and support supervisees as they prepare to serve a diverse client population. Supervisors shall have an ethical and moral responsibility to understand, adhere to, and promote the NAADAC Code of Ethics.

VII-16 Treatment - Educators and site supervisors shall assume the primary obligation of assisting students to acquire ethics, knowledge, and skills necessary to treat substance use and addictive behavioral disorders.

VII-17 Impairment - Supervisees, including interns and students, shall monitor themselves for signs physical, psychological, and/or emotional impairment. Supervisees, including interns and students, shall seek supervision and refrain from providing professional services while impaired. Supervisees, interns and students shall notify their institutional program of the impairment and shall seek appropriate guidance and assistance.

VII-18 Clients - Supervisees, interns and students, shall disclose to clients their status as students and supervisees, and shall provide an explanation as to how their status affects the limits of confidentiality. Supervisees, interns and students shall disclose to clients contact information for the Clinical Supervisor. Informed consent is obtained in writing, and includes the client's right to refuse to be treated by a person-in-training.

VII-19 Disclosures - Supervisees, interns and students shall seek and document clinical supervision prior to disclosing personal information to a client.

VII-20 Observations - Clinical Supervisors shall provide and document regular supervision sessions with the supervisee. Supervisors shall regularly observe the supervisee in session using live observations or audio or video tapes. Supervisors shall provide ongoing feedback regarding the supervisee's performance with clients and within the agency. Supervisors shall regularly schedule sessions to formally evaluate and direct the supervisee.

VII-21 Gatekeepers - Clinical Supervisors are aware of their responsibilities as gatekeepers. Through ongoing evaluation, Supervisors shall track supervisee limitations that might impede performance. Supervisors shall assist supervisees in securing timely corrective assistance as needed, including referral of supervisee to therapy when needed. Supervisors may recommend corrective action or dismissal from training programs, applied counseling settings, and state or voluntary professional credentialing processes when a supervisee is unable to demonstrate that they can provide competent professional services. Supervisors shall seek supervision-of-supervision and/or consultation and document their decisions to dismiss or refer supervisees for assistance.

VII-22 Education - Educators and site supervisors shall ensure that their educational and training programs are designed to provide appropriate knowledge and experiences related to addictions that meet the requirements for degrees, licensure, certification, and other program goals.

VII-23 Education - Educators and site supervisors shall provide education and training in an ethical manner, adhering to the NAADAC Code of Ethics, regardless of the platform (traditional, hybrid, and/or online). Educators and site supervisors shall serve as professional roles models demonstrating appropriate behaviors.

VII-24 Current - Educators and site supervisors shall ensure that program content and instruction are based on the most current knowledge and information available in the profession. Educators and site supervisors shall promote the use of modalities and techniques that have an empirical or scientific foundation.

VII-25 Evaluation - Educators and site supervisors shall ensure that students' performances are evaluated in a fair and respectful manner and on the basis of clearly stated criteria.

VII-26 Dual Relationships - Educators and site supervisors shall avoid dual relationships and/or nonacademic relationships with students, interns, and supervisees.

VII-27 Dual Relationships - Clinical Supervisors shall not actively supervise relatives, romantic or sexual partners, nor personal friends, nor develop romantic, sexual, or personal relationships with students or supervisees. Consultation with a third party will be obtained prior to engaging in a dual supervisory relationship.

VII-28 e-supervision - Clinical Supervisors, using technology in supervision (e-supervision), shall be competent in the use of specific technologies. Supervisors shall dialogue with the supervisee about the risks and benefits of using e-supervision. Supervisors shall determine how to utilize specific protections (i.e., encryption) necessary for protecting the confidentiality of information transmitted through any electronic means. Supervisors and

supervisees shall recognize that confidentiality is not guaranteed when using technology as a communication and delivery platform.

VII-29 Harassment - Clinical Supervisors shall not condone or participate in sexual harassment or exploitation of current or previous supervisees.

VII-30 Distance - Issues unique to the use of distance supervision shall be included in the documentation as necessary.

VII-31 Termination - Policies and procedures for terminating a supervisory relationship shall be disclosed in the supervision informed consent.

VII-32 Counseling - Clinical Supervisors shall not provide counseling services to supervisees. Supervisors shall assist supervisee by providing referrals to appropriate services upon request.

VII-33 Endorsement - Clinical Supervisors shall recommend supervisees for completion of an academic or training program, employment, certification and/or licensure when the supervisee demonstrates qualification for such endorsement. Clinical Supervisors shall not endorse supervisees believed to be impaired. Clinical Supervisors shall not endorse supervisees who were unable to provide appropriate clinical services.

Resource Page 5.5: Principle VII: Supervision and Consultation, Case Study

Rashida has worked in her counseling program for a number of years and has made many good friends among her co-workers. Several of them often go out to dinner together after work or on weekends and frequently meet as a group in each others' homes for meals and socializing. There is a core group of six women who are particularly friendly, and Rashida is one of them. This group rarely misses a week without getting together. They are often joined by their husbands on weekends. Among the other five women, Rashida is especially close to Sachini, because they have children the same age and, as a result, frequently spend time together as families.

Rashida was eventually promoted to clinical director of her non-governmental organization, a position where she is now responsible for supervising all counseling staff, including Sachini and the other four women with whom she socializes. Other staff members at the agency are aware of these close social relationships, but the group has been adamant about keeping their social lives separate from their work environment. The five friends Rashida is now supervising have indicated that they are glad she is now their supervisor.

Several months after Rashida's promotion, she and Sachini began to have problems in friendship. This not only brought tension into their supervisory relationship, but Sachini began complaining about Rashida to the other four women in their social (and supervisory) group.

Please use the ethical decision-making model while discussing this case study to answer the following three questions:

1. Should Rashida have stopped socializing with her five friends when she became their supervisor?
2. What could Sachini do about her concerns?
3. What should Rashida do now?

Module 5—NAADAC Ethical Principles V–VII, Summary

This module is experiential, and a full summary cannot be provided. Principles V–VII of the NAADAC Code of Ethics are found in the following Resource Pages:

- Principle V— Assessment, evaluation and interpretation: Resource Page 5.1;
- Principle VI— E-therapy, e-supervision and social media: Resource Page 5.3; and
- Principle VII – Supervision and consultation: Resource Page 5.4

MODULE 6

NAADAC ETHICAL PRINCIPLES VIII - IX

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Content and Timeline	
Content	Time
Introduction to Module 6	5 minutes
Presentation: Introduction to Principle VIII—Resolving ethical concerns	5 minutes
Small-group presentation: Principle VIII—Resolving ethical concerns	30 minutes
<i>Break</i>	<i>15 minutes</i>
Small-group exercise: Case study, Principle VIII—Resolving ethical concerns	60 minutes
Presentation: Introduction to Principle IX—Research and publication	5 minutes
Small-group presentation: Principle IX—Research and publication	30 minutes
Reflective exercise: Summarizing lessons from Principles VIII - IX	10 minutes
<i>Lunch</i>	<i>60 minutes</i>

Module 6 Goals and Objectives

Training goals

- To provide participants with an opportunity to work with NAADAC Code of Ethics Principles VIII, resolving ethical concerns and IX, research and publication; and
- To provide an opportunity for participants to practice using an ethical decision-making model with case studies relating to some of these principles and standards.

Learning objectives

Participants who complete Module 6 will be able to:

- Provide an overview of Principle VIII, resolving ethical issues;
- Use a process of ethical decision-making with a case study relevant to Principle VIII, supervision and consultation;
- Provide an overview of Principle IX, research and publication.



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Ethics for
Addiction Professionals



MODULE 6—NAADAC ETHICAL PRINCIPLES VIII–IX



DAP
Drug Advisory Programme

Learning Objectives

- Provide an overview of Principle VIII, resolving ethical concerns
- Use a process of ethical decision-making with a case study relevant to Principle VIII, resolving ethical concerns
- Provide an overview of Principle IX, research and publication

6.2

Presentation: Introduction to Principle VIII—Resolving Ethical Concerns

- Addiction professionals shall
 - ▣ Adhere to and uphold the Code of Ethics into daily professional work
 - ▣ Ensure that professional actions are ethical and legal law and ethical standards

6.3

Small-group Exercise Assignments

- Refer to Resource page 6.1
 - ▣ Group 1: Standards 1- 5
 - ▣ Group 2: Standards 5-10
 - ▣ Group 3: Standards 11 -14

6.4

Small-group exercise: Presentations

- Read your assigned Standards
- Discuss as a group and decide the best way to present information about your assigned Standards (limit presentation to 5 minutes)
- Include examples from your own practices that will illustrate Standard/s you are presenting; consider cultural issues
- Be creative!

6.5

Break

15 minutes

6.6

Small group exercise: Developing a Case Study

- Create a case study
- Use the general format as previous case studies
 - ▣ Present a situation
 - ▣ Ask questions
- If possible, base the case study on an actual ethical dilemma
- Assign a recorder to write the case study

6.7

Small group exercise: Case Study, Principle VIII—Resolving Ethical Concerns

- Trade case studies!
- Select a facilitator and recorder
- Facilitator: Keep group on track!
- Recorder: Use one of the worksheets to record decisions and process, then transfer to newsprint
- 20 minutes to work through the case study

6.8

Introduction to Principle IX – Research and Publication

- Encourage research and publication to contribute to the evidence-based and outcome-driven practices that guide the profession
- Participation to research
- Responsibility to safeguard and protect the rights of the participants.

6.9

Small-group Exercise Assignments

- Refer to Resource page 6.2

- ▣ Group 1: Standards 1- 7
- ▣ Group 2: Standards 8-14
- ▣ Group 3: Standards 15 -21
- ▣ Group 4: Standards 22 -27

6.10

Small-group exercise: Presentations

- Read your assigned Standards
- Discuss as a group and decide the best way to present information about your assigned Standards (limit presentation to 5 minutes)
- Include examples from your own practices that will illustrate Standard/s you are presenting; consider cultural issues
- Be creative!

6.11

Reflective exercise: Summarizing Lessons from Principles VIII–IX

- 10 minutes to write key learning in the following areas:
 - ▣ Resolving ethical issues
 - ▣ Research and publication



6.12

Lunch

60 minutes

6.13

Resource Page 6.1: Principle VIII: Resolving Ethical Concerns¹

VIII-1 Code of Ethics - Addiction professionals shall adhere to and uphold the NAADAC Code of Ethics and shall be knowledgeable regarding established policies and procedures for handling concerns related to unethical behavior, at both the state and national levels. Addiction professionals shall hold other providers to the same ethical and legal standards and shall be willing to take appropriate action to ensure that these standards shall be upheld. Providers shall resolve ethical dilemmas with direct and open communication among all parties involved and shall obtain supervision and/or consultation when necessary. Providers shall incorporate ethical practice into their daily professional work. Providers shall engage in ongoing professional development regarding ethical and legal issues in counseling. Providers shall be aware that client welfare and trust depend on a high level of professional conduct.

VIII-2 Endorsement - Addiction professionals shall abide by and endorse the NAADAC Code of Ethics and other applicable ethics codes from professional organizations or certification and licensure bodies of which they are members. Providers shall not be able to use lack of knowledge or misunderstanding of an ethical responsibility as a defense against a complaint of unethical conduct.

VIII-3 Decision Making Model - Addiction professionals shall utilize and document, when appropriate, an ethical decision-making model when faced with an ethical dilemma. A viable ethical decision-making model shall include, but shall not be limited to: (a) supervision and/or consultation regarding the concern; (b) consideration of relevant ethical standards, principles, and laws; (c) generation of potential courses of action; (d) deliberation of risks and benefits of each potential course of action; (e) selection of an objective decision based on the circumstances and welfare of all involved; and (f) reflection upon, and re-direction when necessary, after implementing the decision.

VIII-4 Jurisdiction - The NAADAC and NCC AP Ethics Committees shall have jurisdiction over all complaints filed against any person holding or applying for NAADAC membership or NCC AP certification.

VIII-5 Investigations - The NAADAC and NCC AP Ethics Committees shall have authority to conduct investigations, issue rulings, and invoke disciplinary action in any instance of alleged misconduct by an addiction professional.

VIII-6 Participation - Addiction professionals shall be required to cooperate with the implementation of the NAADAC Code of Ethics, and to participate in, and abide by, any and all disciplinary actions and rulings based on the Code. Failure to participate or cooperate shall be a violation of the NAADAC Code of Ethics.

VIII-7 Cooperation - Addiction professionals shall assist in the process of enforcing the NAADAC Code of Ethics. Providers shall cooperate with investigations, proceedings, and requirements of the NAADAC and NCC AP Ethics Committees, ethics committees of other

¹ NAADAC, the Association for Addiction Professionals. (2021). NAADAC code of ethics. Effective January 1, 2021, from <https://www.naadac.org/code-of-ethics>

professional associations, and/or licensing and certification boards having jurisdiction over those charged with a violation.

VIII-8 Agency Conflict - Addiction professionals shall seek and document supervision and/or consultation in the event that ethical responsibilities conflict with agency policies and procedures, state and/or federal laws, regulations, and/or other governing legal authority. Supervision and/or consultation shall be obtained and documented to determine the next best steps.

VIII-9 Crossroads - Addiction professionals may find themselves with a dilemma when the demands of an organization where the provider is affiliated poses a conflict with the NAADAC Code of Ethics. Providers shall determine the nature of the conflict and shall discuss the conflict with their supervisor or other relevant person, and shall express their commitment to the NAADAC Code of Ethics. Providers shall attempt to work through the appropriate channels to address their concern.

VIII-10 Violations without Harm - Addiction professionals who become aware of evidence to suggest that another provider is violating or has violated an ethical standard where no harm has occurred shall attempt to resolve the issue informally with the other provider, if feasible, provided such action does not violate confidentiality rights that may be involved.

VIII-11 Violations with Harm - Addiction professionals shall report unethical conduct or unprofessional modes of practice of which they become aware where the potential for harm exists, or actual harm has occurred, to the appropriate certifying or licensing authorities, state or federal regulatory bodies, and NAADAC. Providers shall obtain supervision/consultation prior to filing a complaint, and document recommendations and the decision regarding filing or not filing a complaint.

VIII-12 Non-Respondent - Members of the NAADAC or NCC AP Ethics Committees, Hearing Panels, Boards of Directors, Membership Committees, Officers, or Staff shall not be named as a respondent under these policies and procedures as a result of any decision, action, or exercise of discretion arising directly from their conduct or involvement in carrying out adjudication responsibilities.

VIII-13 Consultation - Addiction professionals shall not initiate, participate in, or encourage the filing of an ethics or grievance complaint as a means of retaliation against another person. Providers shall not intentionally disregard or ignore the facts of a situation. *What type of situation?*

VIII-14 Retaliation - Addiction Professionals shall not initiate, participate in, or encourage the filing of an ethics or grievance complaint as a means of retaliation against another person. Providers shall not intentionally disregard or ignore the facts of the situation.

Resource Page 6.2: Principles IX: Research and Publication¹

IX-1 Research - Research and publication shall be encouraged as a means for addiction professionals to contribute to the knowledge base and skills within the addictions and behavioral health professions. Research shall be conducted and published to contribute to the evidence-based and outcome-driven practices that guide the profession. Research and publication shall provide an understanding of what practices lead to health, wellness, and functionality. Researchers and addiction professionals shall be inclusive by minimizing bias and respecting diversity when designing, executing, analyzing, and publishing their research.

IX-2 Participation - Addiction professionals shall support the efforts of researchers by participating in research whenever possible.

IX-3 Consistent - Researchers shall plan, design, conduct, and report research in a manner that is consistent with relevant ethical principles, federal and state laws, internal review board expectations, institutional regulations, and scientific standards governing research.

IX-4 Confidentiality - Researchers shall be responsible for understanding and adhering to state, federal, agency, institutional policies, and applicable guidelines regarding confidentiality in their research practices. Information obtained about participants during the course of research shall be confidential.

IX-5 Independent - Researchers, who are conducting independent research without governance by an institutional review board, shall be bound by the same ethical principles and Federal and state laws pertaining to the review of their plan, design, conduct, and reporting of research.

IX-6 Protect - Researchers shall obtain supervision and/or consultation and observe necessary safeguards to protect the rights of research participants, especially when the research plan, design and implementation deviates from standard or accepted practices.

IX-7 Welfare - Researchers shall be responsible for their participants' welfare. Researchers shall exercise reasonable precautions throughout the study to avoid causing physical, intellectual, emotional, or social harm to participants. Researchers shall take reasonable measures to honor all commitments made to research participants.

IX-8 Informed Consent - Researchers shall defer to an Institutional Review Board or Human Subjects Committee to ensure that Informed Consent is obtained, research protocols are followed, participants are free of coercion, confidentiality is maintained, and deceptive practices are avoided, except when deception is essential to research protocol and approved by the Board or Committee.

IX-9 Accurate - Researchers shall commit to the highest standards of scholarship, shall present accurate information, shall disclose potential conflicts of interest, and shall make every effort to prevent the distortion or misuse of their clinical and research findings.

¹ NAADAC, the Association for Addiction Professionals. (2021). NAADAC code of ethics. Effective January 1, 2021, from <https://www.naadac.org/code-of-ethics>

IX-10 Students - Researchers shall disclose to students and/or supervisees who wish to participate in their research activities that participation in the research shall not affect their academic standing or supervisory relationship.

IX-11 Clients - Researchers may conduct research involving clients. Researchers shall provide an informed consent process allowing clients to freely choose, without intimidation or coercion, whether to participate in the research activities. Researchers shall take necessary precautions to protect clients from adverse consequences if they choose to decline or withdraw from participation.

IX-12 Consents - Researchers shall provide appropriate explanations regarding the research and obtain applicable consents from a guardian or legally authorized representative prior to working with a research participant who is not capable of giving informed consent.

IX-13 Explanation - Once data collection is completed, researchers shall provide participants with a full explanation regarding the nature of the research in order to remove any misconceptions participants might have regarding the study. Researchers shall engage in reasonable actions to avoid causing harm. Researchers shall obtain and document the results of supervision or consultation when scientific or human values may justify delaying or withholding information, prior to delaying or withholding information from a participant.

IX-14 Outcomes - Upon completion of data collection and analysis, researchers shall inform sponsors, institutions, and publication entities regarding the research procedures and outcomes. Researchers shall ensure that the appropriate entities are given pertinent information and acknowledgment.

IX-15 Transfer Plan - Researchers shall create a written, accessible plan for the transfer of research data to an identified colleague in the event of their incapacitation, retirement, or death.

IX-16 Diversity - Researchers shall report research findings accurately and without distortion, manipulation, or misrepresentation of data. Researchers shall describe the extent to which results are applicable to diverse populations.

IX-17 Verification - Researchers shall not withhold data, from which their research conclusions were drawn, from competent professionals seeking to verify substantive claims through reanalysis. Researchers shall make available sufficient original research information to qualified professionals who wish to replicate or extend the study.

IX-18 Data Availability - Researchers, who supply data, aid in research by another researcher, report research results, or make original data available, shall intentionally disguise the identity of participants in the absence of written authorization from the participants allowing release of their identity.

IX-19 Errors - Researchers shall correct errors found in their published research, using a correction erratum or through other appropriate publication avenues.

IX-20 Publication - Addiction professionals who author books, journal articles, or other materials which are published or distributed shall not plagiarize or fail to cite persons

for whom credit for original ideas or work is due. Providers shall acknowledge and give recognition, in presentations and publications, to previous work on the topic by self and others.

IX-21 Theft - Addiction professionals shall regard as theft the use of copyrighted materials without permission from the author, or payment of royalties.

IX-22 e-publishing - Addiction professionals shall be aware that entering data on the internet, social media sites, or professional media sites shall constitute publishing.

IX-23 Advertising - Addiction professionals who author books or other materials distributed by an agency or organization shall take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.

IX-24 Credit - Addiction professionals shall assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.

IX-25 Student Material - Addiction professionals shall seek a student's permission and list the student as lead author on manuscripts or professional presentations, in any medium, that are substantially based on a student's course papers, projects, dissertations, or theses. The student shall reserve the right to withhold permission.

IX-26 Submissions - Addiction professionals and researchers shall submit manuscripts for consideration to one journal or publication at a time. Providers and researchers shall obtain permission from the original publisher prior to submitting manuscripts that shall be published in whole or in substantial part in one journal or published work by another publisher.

IX-27 Proprietary - Addiction professionals who review material submitted for publication, research, or other scholarly purposes shall respect the confidentiality and proprietary rights of those who submitted it. Providers who serve as reviewers shall only review materials that are within their scope of competency and shall review materials without professional or personal bias.

(Effective 1.1.2021)

Module 6—NAADAC Ethical Principles VIII–IX, Summary

This module is experiential, and a full summary cannot be provided. Principles VIII–IX of the NAADAC Code of Ethics are found in the following Resource Pages:

- Principle VIII—Resolving ethical concerns: Resource Page 6.1; and
- Principle IX—Research and publication: Resource Page 6.2.

MODULE 7

CASE STUDIES

Content and timeline	207
Training goal and learning objectives	207
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Content and Timeline	
Activity	Time
Introduction to Module 7	5 minutes
Small-group exercise: Creating real-life case studies	40 minutes
Small-group exercise: Analyzing real-life case studies	30 minutes
Small-group presentations: Case study analyses	30 minutes
<i>Break</i>	<i>15 minutes</i>

Module 7 Goal and Objectives

Training goal

- To provide an opportunity for participants to use the ethical decision-making process with real-life case studies directly relevant to their practices.

Learning objectives

Participants who complete Module 7 will be able to:

- Identify the NAADAC Code of Ethics principle (or a principle from a local code of ethics) that is most relevant to each of three case studies; and
- Use the ethical decision-making model to determine a course of action for each of three case studies.



UNIVERSAL
CURRICULUM
Treatment of Substance Use Disorders

The Universal Treatment Curriculum for Substance Use Disorders (UTC)

UTC 8

Ethics for
Addiction Professionals



MODULE 7—CASE STUDIES



DAP
Drug Advisory Programme

Learning Objectives

- Identify the NAADAC Code of Ethics principle (or a principle from a local code of ethics) that is most relevant to each of three case studies
- Use the ethical decision-making model to determine a course of action for each of three case studies

7.2

Small-group Exercise: Creating Real-life Case Studies

- Assign a recorder
- Discuss and select an ethical dilemma on which to base your case study
- Provide relevant information
- Ask questions



7.3

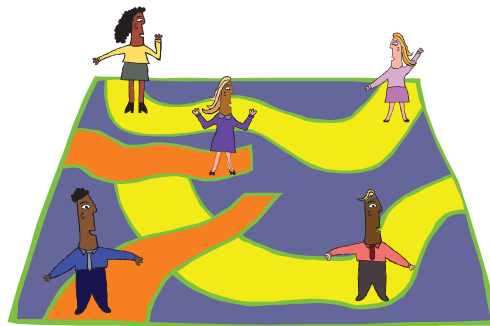
Small-Group Exercise: Analyzing Real-Life Case Studies

- Use the ethical decision-making model to analyze the case
- Send a representative to the group which created the case study if needed
- Select a facilitator and recorder
- Use the NAADAC (or other) Code of Ethics: Which principle applies? Why

7.4

Case Study Presentation

- Read case study aloud
- Walk through your decision-making process
- Which principle applies? Why?



7.5

Break

15 minutes

7.6

Module 7—Case Studies, Summary

This module is fully experiential, and a summary cannot be provided.

MODULE 8

INTEGRATING LEARNING INTO PRACTICE

Content and timeline.....	215
Training goals and learning objective	215
Resource page	216

Content and Timeline	
Activity	Time
Module 8 and review exercise introduction	10 minutes
Small-group exercise: Developing a practice integration plan	30 minutes
Partner exercise: Sharing your practice integration plan	15 minutes
Learning assessment competition	20 minutes
Overall training evaluation	15 minutes
Program completion ceremony and socializing	30+ minutes

Module 8 Goals and Objective

Training goals

- To encourage participants to think about resources, barriers, and strategies for change; and
- To provide an opportunity to develop a personal practice integration plan.

Learning objective

Participants who complete Module 8 will have developed a personal practice integration plan.

Resource Page 8.1: Practice Integration Plan

1. The most important thing I learned from this training, and don't want to forget, is:

2. Changes I will make in my practice based on what I have learned are:

3. Some things that could interfere with my plans are (e.g., anticipated barriers):

4. Ways I could overcome these barriers include:

5. The following people (include supervisors, potential mentors, and so on) and resources (further training, reading) could help me in the following ways:

<i>Person or Resource</i>	<i>Possible Ways To Help</i>

APPENDIX A—GLOSSARY

code of ethics, professional	An explicitly defined set of beliefs, values, and standards that guide organizational members in the conduct of activities in pursuit of the agency's mission. ¹
ethics	Various definitions: ■ An agreed-on set of morals, values, and standards of professional conduct accepted by a community, group, or culture; ■ A social, religious, or civil code of behavior considered correct, especially that of a particular group, profession, or individual;² ■ Standards that govern the conduct of a person;³ and ■ A "human reflecting self-consciously on the act of being a moral being," which implies a process of self-reflection and awareness of how to behave as a moral being that may be based in law, individual belief systems, religion, or a mixture of all three.³
stakeholder	A person with an interest or concern in something or one who is involved in or affected by a course of action.
values	The basic beliefs that an individual thinks to be true. Values also can be seen as guiding principles in one's life or the bases on which an individual makes a decision regarding good or bad, right or wrong, and most important or least important. Values can also be cultural, guiding social behavior, or organizational, guiding business or other professional behavior.

¹ White, W. L., & Popovits, R. M. (2001). *Critical incidents: Ethical issues in the prevention and treatment of addiction* (p. 13). Bloomington, IL: Lighthouse Institute.

² *World English dictionary*. (2003). Retrieved October 15, 2011, from <http://www.world-english.org/dictionary.htm>

³ NAADAC, the Association for Addiction Professionals. (2021). NAADAC code of ethics. Effective January 1, 2021, from <https://www.naadac.org/code-of-ethics>

APPENDIX B—RESOURCES

Global Drug Use Statistics

1. United Nations Office on Drugs and Crime, *World Drug Report 2020*.
2. World Health Organization. (2010). *Management of substance abuse: The global burden*. Geneva:
3. World Health Organization. (2011). *Management of substance abuse: Facts and figures*.

Ethics

1. The Center for Ethical Practice
2. Forester-Miller, H., & Davis, T. (1996). *A practitioner's guide to ethical decision making*. American Counseling Association.
3. Jordan, K. (2010). *An ethical decision making model for crisis counselors*.
4. White, W. (1994, May–June, 10–13). *Commitment to ethical action*. In *Counselor*.

Sample Ethical Codes (International)

1. International Academy of Behavioral Medicine, Counseling and Psychotherapy, Inc. *Code of Ethics*
2. International Association of Counselors and Therapists *Code of Ethics*
3. International Association of Marriage and Family Therapists *Code of Ethics*
4. International Federation of Social Workers (IFSW). *Ethics in Social Work, Statement of Principles*

APPENDIX C—SPECIAL ACKNOWLEDGMENTS

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- Winona Pandan, Programme Manager, Colombo Plan Drug Advisory Programme, Sri Lanka
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APPENDIX D—NAADAC, THE ASSOCIATION FOR ADDICTION PROFESSIONALS CODE OF ETHICS¹

We counselors have a lot of power! As authorities on this terrible disease of addiction, let us be careful to never use power for petty or vindictive ends. To never thoughtlessly reject a client. We can affirm our client's sense of value, or we can damage them with a casual joke or comment at their expense. We can help them to respect themselves, or we can tear down their self-esteem by treating them disrespectfully and unimportant. We have the power to do great good or great harm. Today, let me remember my power and take care to use it wisely.

—Anonymous, taken from May 24, 1989, *Help for the Helpers*.
Center City, MN: Hazelden Foundation Publishers.

Introduction to NAADAC/ NCC AP Ethical Standards

Ethics are generally regarded as the standards that govern the conduct of a person. Smith and Hodges define ethics as a “human reflecting self-consciously on the act of being a moral being.” This implies a process of self-reflection and awareness of how to behave as a moral being. Some definitions are dictated by law, individual belief systems, religion or a mixture of all three.

NAADAC recognizes that its members and certified counselors live and work in many diverse communities. NAADAC has established a set of ethical best-practices that apply to universal ethical deliberation. Further, NAADAC recognizes and encourages the notion that personal and professional ethics cannot be dealt with as separate domains. NAADAC members, addiction professionals and/or licensed/certified treatment providers (subsequently referred to as addiction professionals) recognize that the ability to do well is based on an underlying concern for the well-being of others. This concern emerges from recognition that we are all stakeholders in each other's lives - the well-being of each is intimately bound to the well-being of all; that when the happiness of some is purchased by the unhappiness of others, the stage is set for the misery of all. Addiction professionals must act in such a way that they would have no embarrassment if their behavior became a matter of public knowledge and would have no difficulty defending their actions before any competent authority.

The NAADAC/NC CAP Code of Ethics was written to govern the conduct of NAADAC's members and it is the accepted standard of conduct for addiction professionals certified

¹ NAADAC, the Association for Addiction Professionals. (2021). NAADAC code of ethics. Effective January 1, 2021, from <https://www.naadac.org/code-of-ethics>

² Smith, L., & Hodges, L. (1969). *The Christian and his decisions: An Introduction to Christian Ethics*. Nashville, TN: Abingdon Press.

by the National Certification Commission for Addiction Professionals (NCC AP). The code of ethics reflects ideals of NAADAC and its members, and is designed as a statement of the values of the profession and as a guide for making clinical decisions.

When an ethics complaint is filed with NAADAC or NCC AP, it is evaluated by consulting the NAADAC/NCC AP Code of Ethics. This code is also utilized by state certification boards and educational institutions to evaluate the behavior of addiction professionals and to guide the certification process.

Updated NAADAC/NCC AP Code of Ethics

The NAADAC/NCC AP Code of Ethics, the most recent version of which is effective January 1, 2021, was updated to meet the needs of current addictions practice. It is a completely new document; built from the ground up with major enhancements and additions to the previous version. Standards were replaced with Principles and each Principle considered clinician, supervisor, and relevant others. It provides in-depth, clear guidance and direction to individual providers, service organizations, regulatory boards, educators and trainers, legislators, and other related parties.

In addition to identifying specific ethical standards, NAADAC recommends consideration of the following when making ethical decisions:

1. Autonomy: To allow others the freedom to choose their own destiny
2. Obedience: The responsibility to observe and obey legal and ethical directives
3. Conscientious Refusal: The responsibility to refuse to carry out directives that are illegal and/or unethical
4. Beneficence: To help others
5. Gratitude: To pass along the good that we receive to others
6. Competence: To possess the necessary skills and knowledge to treat the clientele in a chosen discipline and to remain current with treatment modalities, theories and techniques
7. Justice: Fair and equal treatment, to treat others in a just manner
8. Stewardship: To use available resources in a judicious and conscientious manner, to give back
9. Honesty and Candor: Tell the truth in all dealing with clients, colleagues, business associates and the community
10. Fidelity: To be true to your word, keeping promises and commitments
11. Loyalty: The responsibility to not abandon those with whom you work

¹White, W. L., & Popovits, R. M. (2001). *Critical incidents: Ethical issues in the prevention and treatment of addiction*. Bloomington, IL: Lighthouse Institute.

12. Diligence: To work hard in the chosen profession, to be mindful, careful and thorough in the services delivered
13. Discretion: Use of good judgment, honoring confidentiality and the privacy of others
14. Self-improvement: To work on professional and personal growth to be the best you can be
15. Non-maleficence: Do no harm to the interests of the client
16. Restitution: When necessary, make amends to those who have been harmed or injured
17. Self-interest: To protect yourself and your personal interests.

The 2021 NAADAC/NCC AP Code of Ethics replaces the 2016 NAADAC/NCC AP Code of Ethics.

The 2021 NAADAC/NCC AP Code of Ethics is arranged as follows:

- Principle I: The Counseling Relationship
- Principle II: Confidentiality and Privileged Communication
- Principle III: Professional Responsibilities and Workplace Standards
- Principle IV: Working in a Culturally Diverse World
- Principle V: Assessment, Evaluation, and Interpretation
- Principle VI: E-Therapy, E-Supervision, and Social Media
- Principle VII: Supervision and Consultation
- Principle VIII: Resolving Ethical Concerns
- Principle IX: Research and Publication

The Counseling Relationship

I-1 Client Welfare

Addiction professionals shall accept their responsibility to ensure the safety and welfare of their client, and shall act for the good of each client while exercising respect, sensitivity, and compassion. Providers shall treat each client with dignity, honor, and respect, and act in the best interest of each client.

I-2 Informed Consent

Addiction professionals shall ensure that each client shall be fully informed about treatment, and shall provide clients with information in clear and understandable language regarding the purposes, risks, limitations, and costs of treatment services, reasonable alternatives, their right to refuse services, and their right to withdraw consent within time frames established within the consent. Providers shall review with their client, both verbally and in writing, the rights and responsibilities of both the provider and the client. Providers shall have the client attest to their understanding of the information presented in the Informed Consent by signing the Informed Consent document.

I-3 Informed Consent

Mandatory disclosures shall include:

- a. explicit explanation as to the nature of all services to be provided and methodologies and theories typically utilized;
- b. purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services;
- c. the addiction professional's education, credentials, relevant experience, and approach to counseling;
- d. right to confidentiality and explanation of its limits, including duty to warn;
- e. the role of technology, including boundaries with electronic transmissions with clients and social networking;
- f. implications of diagnosis and the intended use of tests and reports;
- g. fees and billing, nonpayment, and policies for collecting nonpayment;
- h. specifics about clinical supervision and consultation;
- i. the client's right to refuse services, and
- j. the client's right to refuse to be treated by a person-in-training, without fear of retribution..

I-4 Limits of Confidentiality

Addiction professionals shall clarify the nature of their relationship with each party, and the limits of confidentiality, at the outset of services when agreeing to provide services to a person at the request or direction of a third party.

I-5 Diversity

Addiction professionals shall respect the diversity of clients and provide culturally-responsive and culturally-sensitive services to all clients.

I-6 Discrimination

Addiction Professionals shall not practice, condone, facilitate, or collaborate with any form of discrimination against any client on the basis of race, ethnicity, color, religious or spiritual beliefs, age, gender identification, national origin, sexual orientation or expression, marital status, political affiliations, physical or mental handicap, health condition, housing status, military status, or economic status.

I-7 Legal Competency

Addiction professionals who act on behalf of a client who has been judged legally incompetent or with a representative who has been legally authorized to act on behalf of a client, shall act with the client's best interests in mind, and shall inform the designated guardian or representative of any circumstances which may influence the relationship. Providers shall balance the ethical rights of clients to make choices about their treatment, with their capacity to give consent to receive treatment-related services, and the parental/familial/representative's legal rights and responsibilities to protect the client and make decisions on their behalf.

I-8 Mandated Clients

Addiction professionals who work with clients who have been mandated to counseling and related services, shall discuss legal and ethical limitations to confidentiality. Providers shall explain confidentiality, limits to confidentiality, and the sharing of information for supervision and consultation purposes prior to the beginning of the therapeutic or service relationship. If the client refuses services, the provider shall discuss with the client potential consequences of refusing mandated services, while respecting client autonomy.

I-9 Multiple Therapists

Addiction professionals shall obtain a signed Release of Information (ROI) from the client if the client is working with another substance use or mental health professional. The ROI shall allow the provider to establish a collaborative professional relationship.

I-10 Boundaries

Addiction professionals shall consider the inherent risks and benefits associated with moving the boundaries of a counseling relationship beyond the standard parameters.

Providers shall obtain consultation and supervision, and recommendations shall be documented.

I-11 Multiple/Dual Relationships

Addiction professionals shall make every effort to avoid multiple relationships with a client. When a dual relationship is unavoidable, the professional shall take extra care to ensure professional judgment is not impaired and there is no risk of client exploitation. Such relationships shall include, but are not limited to, members of the provider's immediate or extended family, business associates of the professional, or individuals who have a close personal relationship with the professional or the professional's family. When extending these boundaries, providers shall take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that their judgment is not impaired and no harm occurs. Consultation and supervision shall be obtained, and the recommendations shall be documented.

I-12 Prior Relationship

Addiction professionals shall recognize that there are inherent risks and benefits to accepting as a client someone with whom the provider had a prior relationship, which shall include anyone with whom the provider had a casual, distant, or past relationship. Prior to engaging in a counseling relationship with a person from a previous relationship, the provider shall obtain consultation or supervision, and shall document the recommendations. The burden shall be on the provider to ensure that their judgment is not impaired, and that exploitation is not occurring.

I-13 Previous Client

Addiction professionals who are considering initiating any type of professional relationship with a previous client shall seek documented consultation or supervision prior to its initiation.

I-14 Group

Addiction professionals shall clarify who "the client" is, when accepting and working with more than one person as "the client." Providers shall clarify the relationship the provider will have with each person. In group counseling, providers shall take reasonable precautions to protect group members from harm.

I-15 Financial Disclosure

Addiction Professionals shall truthfully represent facts to all clients and third-party payers regarding services rendered, and the costs of those services.

I-16 Communication

Addiction professionals shall communicate information in ways that are developmentally and culturally appropriate. Providers shall offer clear and understandable language when

discussing issues related to informed consent. Cultural implications of informed consent shall be considered and documented by the provider.

I-17 Treatment Planning

Addiction professionals shall create treatment plans in collaboration with their client. Treatment plans shall be reviewed and revised on an ongoing and intentional basis to ensure their viability and validity.

I-18 Level of Care

Addiction professionals shall provide their client with the highest quality of care. Providers shall use ASAM or other relevant placement criteria, to ensure that clients are appropriately and effectively served.

I-19 Documentation

Addiction professionals and other service providers shall create, maintain, protect, and store required documentation per federal, state, and tribal laws, rules, and organizational policies.

I-20 Advocacy

Addiction professionals shall advocate on behalf of clients at individual, group, institutional, and societal levels. Providers shall speak out regarding barriers and obstacles that impede access to and/or growth and development of clients. When advocating for a specific client, providers shall obtain written consent prior to engaging in advocacy efforts.

I-21 Referrals

Addiction professionals shall recognize that each client is entitled to the full extent of physical, social, psychological, spiritual, and emotional care required to meet their needs. Providers shall refer to culturally and linguistically appropriate resources when a client presents with any impairment that is beyond the scope of the provider's education, training, skills, expertise, and licensure.

I-22 Exploitation

Addiction professionals shall be aware of their influential positions with respect to clients, trainees, and research participants, and shall not exploit the trust and dependency of any client, trainee, or research participant. Providers shall not engage in any activity that violates or diminishes the civil or legal rights of any client. Providers shall not use coercive treatment methods with any client, including threats, negative labels, or attempts to provoke shame or humiliation. Providers shall not impose their personal, religious, or political values on any client. Providers shall not endorse conversion therapy.

I-23 Sexual Relationships

Addiction professionals shall not engage in any form of sexual or romantic relationship with any current or former client, nor shall they accept as a client anyone with whom they have engaged in a romantic, sexual, social, or familial relationship. This prohibition shall include in-person and electronic interactions and/or relationships. Addiction professionals shall be prohibited from engaging in counseling relationships with friends or family members.

I-24 Termination

Addiction professionals shall terminate services with the client when services are no longer required, no longer serve the client's needs, or the provider is unable to remain objective. Counselors shall provide pre-termination counseling and shall offer appropriate referrals as needed. Providers may refer a client, after obtaining and documenting supervision or consultation, when the provider is in danger of harm by the client or by another person with whom the client has a relationship.

I-25 Coverage

Addiction professionals shall make necessary coverage arrangements to accommodate interruptions in services such as vacations, illness, or any unexpected situation.

I-26 Abandonment

Addiction professionals shall not abandon any client in treatment. Providers who anticipate termination or interruption of services to clients shall notify each client promptly, and shall seek transfer, referral, or continuation of services in accordance with each client's needs and preferences.

I-27 Fees

Addiction Professionals shall ensure that all fees charged for services are fair, reasonable, and commensurate with the services provided and with due regard for clients' ability to pay.

I-28 Self-Referrals

Addiction professionals shall not refer clients to their private practice unless policies at the organization that is the source of the referral allow for self-referrals. When self-referrals are not permitted, clients shall be informed of other appropriate referral resources.

I-29 Commissions

Addiction Professionals shall not offer or accept any commissions, rebates, kickbacks, bonuses, or any form of remuneration for referral of a client for professional services, nor engage in fee splitting.

I-30 Enterprises

Addiction professionals shall not use relationships with clients for personal gain or profit.

I-31 Withholding Records

Addiction professionals shall not withhold records they possess that are needed for a client's treatment solely because payment has not been received for past services.

I-32 Withholding Reports

Addiction professionals shall not withhold reports to referral agencies regarding client treatment progress or completion solely because payment has not yet been received in full for services, particularly when those reports are to courts or probation officers who require such information for legal purposes. Reports shall only note that payment has not yet been made, or only partially made, for services rendered.

I-33 Disclosures re: Payments

Addiction professionals shall clearly disclose and explain to each client, prior to the onset of services: (1) costs and fees related to the provision of services, including any charges for cancelled or missed appointments, (2) the use of collection agencies or legal measures for nonpayment, and (3) the procedures for obtaining payment from the client if payment is denied by a third-party payer.

I-34 Regardless of Compensation

Addiction professionals shall provide the same level of professional skill and service to each client without regard to the type or amount of compensation provided by a client or third-party payer.

I-35 Billing for Actual Services

Addiction professionals shall charge only for services actually provided to the client, regardless of any oral or written contract the client has made with the addiction professional or agency.

I-36 Financial Records

Addiction Professionals shall maintain accurate and timely clinical and financial records for each client.

I-37 Suspension

Addiction Professionals shall give reasonable and written notice to clients of impending suspension of services for nonpayment.

I-38 Unpaid Balances

Addiction professionals shall give timely written notice to clients with unpaid balances of their intent to seek collection by an agency or other legal recourse. When such action is taken, addiction professionals shall not reveal clinical information.

I-39 Bartering

Addiction professionals shall only engage in bartering for professional services when: (1) the client requests it, (2) the relationship is not exploitative, (3) the professional relationship is not distorted, (4) federal and state laws and rules allow for bartering, and (5) a clear written contract is established with agreement on the value of the item(s) bartered for and number of corresponding sessions, prior to the onset of services. Providers shall consider the cultural implications of bartering and discuss relevant concerns with clients. Agreements shall be specified in a written contract. Providers shall obtain supervision or consultation, and shall document the recommendations.

I-40 Gifts

Addiction professionals shall recognize that clients may wish to show appreciation for services by offering gifts. Providers shall take into account the therapeutic relationship, the monetary value of the gift, the client's motivation for giving the gift, and the counselor's motivation for wanting to accept or decline the gift. Providers shall obtain supervision or consultation prior to deciding whether or not to accept or decline a gift, and shall document the recommendations.

I-41 Uninvited Solicitation

Addiction Professionals shall not engage in uninvited solicitation of potential clients who are vulnerable to undue influence, manipulation, or coercion due to their circumstances.

I-42 Virtual

Addiction professionals shall be prohibited from engaging in a personal or romantic virtual e-relationship with all current and former clients.

Principle II: Confidentiality and Privileged Communication

II-1 Confidentiality

Addiction professionals shall understand that confidentiality and anonymity are foundational to addiction treatment, and shall accept the duty to protect the identity and privacy of each client as a primary obligation. Providers shall communicate the parameters of confidentiality in a culturally-sensitive manner.

II-2 Documentation

Addiction professionals shall create and maintain appropriate documentation. Providers shall ensure that records and documentation created in any medium, which shall include, but shall not be limited to cloud, laptop, flash drive, external hard drive, tablet, computer, and paper shall be securely maintained in compliance with HIPAA and 42 CFR Part 2, and that only authorized persons shall have access to documents. Providers shall disclose to clients, within informed consent, how records shall be stored, maintained, and disposed per Federal and state laws and regulations.

II-3 Access

Addiction professionals shall notify the client, during informed consent, about procedures specific to client access to records. Addiction professionals shall provide the client reasonable access to documentation regarding the client upon his/her written request. Providers shall protect the confidentiality of any other persons contained in the records. Providers shall limit access of the client to their records, and provide a summary of the records when there is evidence that full access could cause harm to the client. A treatment summary shall include, and shall be limited to dates of service, diagnoses, treatment plan, and progress in treatment. Providers shall seek supervision or consultation prior to providing the client with documentation and shall document their rationale for releasing or limiting access to records. Providers shall provide assistance and consultation to the client regarding interpretation of counseling records.

II-4 Sharing

Addiction professionals shall engage in ongoing discussions with the client regarding how, when, and with whom information is to be shared.

II-5 Disclosure

Addiction professionals shall not disclose confidential information regarding the identity of a client, nor information that could potentially reveal the identity of a client, without written consent by the client. In situations where the disclosure is mandated or permitted by state and federal law, verbal authorization shall not be sufficient, except in emergencies.

II-6 Privacy

Addiction professionals and the organizations they work for shall ensure that confidentiality and privacy of clients shall be protected by providers, employees, supervisees, students, office personnel, other staff and volunteers.

II-7 Limits of Confidentiality

Addiction professionals, during informed consent, shall disclose the legal and ethical limits of confidentiality and shall disclose the legal exceptions to confidentiality. Confidentiality and limitations to confidentiality shall be reviewed as needed during the counseling relationship. Providers shall review with each client all circumstances where confidential information may be requested, and where disclosure of confidential information may be legally required.

II-8 Imminent Danger

Addiction professionals shall only reveal client identity or confidential information without client consent when a client presents a clear and imminent danger to themselves or to another person, and only to emergency personnel who are directly involved in reducing the danger or threat. Counselors shall obtain supervision or consultation when unsure about the validity of an exception, and shall document the recommendations.

II-9 Courts

Addiction professionals who are ordered to release confidential and/or privileged information by a court shall obtain written, informed consent from the client, shall take steps to prohibit the disclosure, or shall have the disclosure limited as narrowly as possible because of potential harm to the client or counseling relationship.

II-10 Essential Only

Addiction professionals shall release only essential information when circumstances require the disclosure of confidential information.

II-11 Multidisciplinary Care

Addiction professionals shall inform the client when the provider is a participant in a multidisciplinary care team providing coordinated services to the client. The client shall have the right to ask who the members of the team are and what information is being shared.

II-12 Locations

Addiction professionals shall discuss confidential client information only in locations where they are reasonably certain they can protect client privacy.

II-13 Payers

Addiction professionals shall obtain client authorization prior to disclosing any information to third party payers (i.e., Medicaid, Medicare, insurance payers, private payers).

II-14 Encryption

Addiction professionals shall use encryption and other necessary precautions to ensure that information being transmitted electronically or in other medium remains confidential.

II-15 Deceased

Addiction Professionals shall protect the confidentiality of deceased clients by upholding legal mandates and documented preferences of the client.

II-16 All Parties

Addiction professionals, who provide group, family, or couples therapy, shall describe the roles and responsibilities of all parties, limits of confidentiality, and the inability to guarantee that confidentiality will be maintained by all parties.

II-17 Minors and Others

Addiction professionals shall protect the confidentiality of any information received when counseling minor clients or adult clients who lack the capacity to provide voluntary informed consent, regardless of the medium, in accordance with federal and state laws, and organization policies and procedures. Parents, guardians, and appropriate third parties shall be informed regarding the role of the provider and the limits of confidentiality in the counseling relationship.

II-18 Storage and Disposal

Addiction professionals shall create and/or abide by Federal and state laws and organizational policies and procedures regarding the storage, transfer, and disposal of confidential client records. Providers shall maintain client confidentiality in all mediums and forms of documentation.

II-19 Video Recording

Addiction professionals shall obtain informed consent and Releases of Information prior to videotaping, audio recording, or permitting third party observation of any client interaction or group therapy session. Clients shall be fully informed regarding recordings, which shall include, but shall not be limited to the purpose, who shall have access, and the storage, and disposal of recordings prior to recording.

II-20 Recording e-therapy

Addiction professionals shall obtain informed consent and a written Release of Information prior to recording an electronic therapy session. Prior to obtaining informed consent for recording e-therapy, the provider shall obtain supervision or consultation, and shall

document the recommendations. Providers shall disclose to clients, in informed consent, how e-records shall be stored, maintained, and disposed, and in what time frame.

II-21 Federal Regulations Stamp

Addiction professionals shall ensure that all written information released to others shall be accompanied by a statement identifying the Federal Regulations governing such disclosure, and shall notify clients when a disclosure is made, to whom the disclosure was made, and for what purposes the disclosure was made.

II-22 Transfer Records

Unless exceptions to confidentiality exist, addiction professionals shall obtain written permission from clients to disclose or transfer records to legitimate third parties. Providers shall ensure that receivers of counseling records shall be made aware of their confidential nature. Addiction professionals shall ensure that all information released shall meet requirements of 42 CFR Part 2 and HIPAA. All information released shall be appropriately marked as confidential.

II-23 Written Permission

Addiction professionals who receive confidential information about any past, present, or potential client shall not disclose such information without obtaining written permission from the client allowing such release.

II-24 Multidisciplinary Care

Addiction professionals shall not release confidential information to external professionals, which shall include, but shall not be limited to physicians, probation and parole officers, and psychiatrists without first obtaining written consent to release information.

II-25 Health Status

Addiction professionals shall adhere to relevant Federal and state laws concerning the disclosure of a client's health status.

II-26 Storage and Disposal

Addiction professionals shall store, safeguard, and dispose of client records in accordance with Federal and state, accepted professional standards, and in ways which protect the confidentiality of clients.

II-27 Temporary Assistance

Addiction professionals, when serving clients of another agency or colleague during a temporary absence or emergency, shall serve those clients with the same professional consideration and confidentiality as that afforded the professional's own clients.

II-28 Termination

Addiction professionals shall protect client confidentiality in the event of the counselor's termination of practice, incapacity, or death. Providers shall appoint a records custodian when identified as appropriate, in their organizational or private practice policies, in their professional Will, or other document.

II-29 Consultation

Addiction professionals shall share information about a client with a consultant only for professional purposes. Providers shall only release information pertaining to the reason for the consultation. Providers shall protect the client's identity and prevent breaches of the client's privacy. Addiction professionals, when consulting with colleagues or referral sources, shall not share confidential information obtained in clinical or consulting relationships that could lead to identification of the client, unless the provider has obtained prior written consent from the client. Information shall be shared only in appropriate clinical settings and only to the extent necessary to achieve the purposes of the consultation.

Principle III: Professional Responsibilities and Workplace Standards

III-1 Responsibility

Addiction professionals shall abide by the NAADAC Code of Ethics. Addiction professionals shall read, understand and follow the NAADAC Code of Ethics and shall adhere to applicable Federal and state laws and regulations.

III-2 Integrity

Addiction professionals shall conduct themselves with integrity. Providers shall maintain integrity in their professional and personal relationships and activities. Providers shall communicate honestly, accurately, and appropriately to clients, peers, and the public, regardless of the communication medium used.

III-3 Discrimination

Addiction Professionals shall not engage in, endorse or condone discrimination against prospective or current clients and their families, students, employees, volunteers, supervisees, or research participants based on their race, ethnicity, age, disability, religion, spirituality, gender, gender identity, sexual orientation, marital or partnership status, pregnancy, language preference, socioeconomic status, immigration status, active duty or veteran status, or any other basis.

III-4 Nondiscriminatory

Addiction Professionals shall provide services that are nondiscriminatory and nonjudgmental. Providers shall not exploit others in their professional relationships. Providers shall maintain appropriate professional and personal boundaries.

III-5 Fraud

Addiction Professionals shall not participate in, condone, or be associated with any form of dishonesty, fraud, or deceit.

III-6 Violation

Addiction Professionals shall not engage in any criminal activity. Addiction Professionals and Service Providers shall be in violation of this Code and subject to appropriate sanctions, up to and including permanent revocation of their NAADAC membership and NCC AP certification, if they:

1. Fail to disclose conviction of any felony to the appropriate regulatory bodies, if requested.
2. Fail to disclose conviction of any misdemeanor related to their qualifications or functions as an Addiction Professional, to the appropriate regulatory bodies, if requested.

3. Engage in conduct which could lead to conviction of a felony or misdemeanor related to their qualifications or functions as an Addiction Professional.
4. Are expelled from or disciplined by other professional organizations.
5. Have their licenses or certificates suspended or revoked, or are otherwise disciplined by regulatory bodies.
6. Continue to practice addiction counseling while impaired to do so due to physical or mental causes.
7. Continue to practice addiction counseling while impaired abuse of alcohol or other drugs.
8. Continue to identify themselves as a certified or licensed addiction professional after being denied certification or licensure, or allowing their certification or license to lapse, or having their certification or license suspended or revoked.
9. Fail to cooperate with the NAADAC or NCC AP Ethics Committees at any point from the inception of an ethics complaint through the completion of all procedures regarding that complaint.

III-7 Harassment

Addiction Professionals shall not engage in or condone any form of harassment, including sexual harassment.

III-8 Membership

Addiction professionals shall intentionally differentiate between current, active memberships and former or inactive memberships with NAADAC and other professional associations.

III-9 Credentials

Addiction professionals shall claim and present only those educational degrees conferred upon them by accredited institutions. Providers shall claim and present only those specialized certifications received from a qualified certifying body. Providers shall accurately represent the accreditation status of a specific institution of higher learning or certifying body.

III-10 Credentials

Addiction Professionals shall claim and promote only those licenses and certifications that are current and in good standing.

III-11 Accuracy of Representation

Addiction Professionals and providers shall correct all references to their credentials and affiliations that are false, deceptive, or misleading. Providers shall advocate for accuracy in statements made by self or others about the addiction profession.

III-12 Misrepresentation

Addiction professionals shall accurately represent professional qualifications, education, experience, memberships, affiliations or recovery history. Providers shall accept employment only on the basis of existing competencies or explicit intent to acquire the necessary competence.

III-13 Scope of Practice

Addiction professionals shall only provide services within their scope of practice and competency, and shall only offer services that are science-based, evidence-based, and outcome-driven. Providers shall engage in counseling practices that are grounded in rigorous research methodologies. Providers shall maintain adequate knowledge of and adhere to applicable professional standards of practice.

III-14 Boundaries of Competence

Addiction professionals shall only practice within the boundaries of their competence. Competence shall be established through education, training, skills, and supervised experience, state and national professional credentials and certifications, and relevant professional experience.

III-15 Proficiency

Addiction professionals shall seek and develop proficiency through relevant education, training, and supervised experience prior to independently delivering specialty services. Providers shall obtain supervised experience and consultation to ensure the validity of their work and shall protect clients from harm when developing skills in new specialty areas.

III-16 Educational Achievement

Addiction professionals shall recognize that advanced educational achievement shall be necessary to provide the level of service clients deserve. Providers shall accept and acknowledge the need for formal and specialized education as a vital component of professional development, competency, and integrity.

III-17 Continuing Education

Addiction professionals shall engage in continuing education and professional development opportunities in order to maintain and enhance knowledge of research-based scientific developments within the profession. Providers shall learn and utilize new procedures relevant to the clients they serve, under supervision. Providers shall remain informed regarding best practices for working with diverse populations.

III-18 Self-Monitoring

Addiction professionals shall continuously self-monitor in order to meet their professional obligations. Providers shall engage in self-care activities that promote and maintain their physical, psychological, emotional, and spiritual well-being.

III-19 Scientific

Addiction professionals shall use techniques, procedures, and modalities that have a scientific and empirical foundation. Providers shall utilize counseling techniques and procedures that are grounded in theory, evidence-based, outcome-driven and/or a research-supported promising practice. Providers shall not use techniques, procedures, or modalities that have substantial evidence suggesting harm, even when such services are requested.

III-20 Innovation

Addiction professionals shall discuss with clients and document the potential risks, benefits and ethical concerns prior to using developing or innovative techniques, procedures, or modalities with a client. Providers shall minimize any potential risks or harm when using developing and/or innovative techniques, procedures, or modalities, and document the steps taken to minimize risks. Providers shall obtain and document supervision and/or consultation regarding potential risks to clients prior to presenting innovative treatment options.

III-21 Multicultural Competency

Addiction professionals shall deliver multiculturally-sensitive counseling and other services by gaining knowledge specific to multiculturalism, increasing awareness of the diverse cultural identifications of clients, developing cultural humility, displaying an attitude favorable to differences, and increasing skills pertinent to being culturally-sensitive.

III-22 Multidisciplinary Care

Addiction professionals shall work to educate medical professionals about substance use disorders, the need for collaboration between primary care and SUD providers, and the need to limit the use of mood-altering chemicals for clients in SUD treatment and/or recovery.

III-23 Medical Professionals

Addiction professionals shall recognize the need for the use of mood-altering chemicals in limited medical situations, and shall work to educate medical professionals to limit, monitor, and closely supervise the administration of such chemicals when their use is necessary.

III-24 Collaborative Care

Addiction Professionals shall collaborate with other health care professionals in providing a supportive environment for any client who receives prescribed medication.

III-25 Multidisciplinary Care

Collaborative multidisciplinary care teams shall be focused on increasing the client's functionality and wellness. Addiction professionals who are members of multidisciplinary

care teams shall work with team members to clarify professional and ethical obligations of the team as a whole, and its individual members. If ethical concerns develop as a result of a team decision, providers shall attempt to resolve the concern within the team first. If resolution cannot be reached within the team, providers shall obtain and document supervision and/or consultation to address their concerns consistent with client well-being.

III-26 Collegial

Addiction professionals shall be aware of the need for collegiality and cooperation in the helping professions. Providers shall act in good faith towards colleagues and other professionals, and shall treat colleagues and other professionals with respect, courtesy, honesty, and fairness.

III-27 Collaborative Care

Addiction Professionals shall develop respectful and collaborative relationships with other professionals who are working with a specific client. Providers shall not offer professional services to a client who is in counseling with another professional, except with the knowledge and documented approval of the other professionals or following termination of services with the other professionals.

III-28 Qualified

Addiction professionals shall work to promote the practice of addiction counseling by qualified persons and shall only employ individuals who have the appropriate and requisite education, training, licensure and/or certification, and supervised experience.

III-29 Advocacy

Addiction professionals shall be aware of society's prejudice and stigma towards people with substance use disorders, and shall willingly engage in the legislative process, educational institutions, and public forums to educate people about addictive disorders, and shall advocate for opportunities and choices for clients. Providers shall advocate for their clients as needed.

III-30 Advocacy

Addiction professionals shall inform the public of the impact of substance use disorders through active participation in civic affairs and community organizations. Providers shall act to ensure that all persons, especially the disadvantaged, have access to the opportunities, resources, and services required to treat and manage their disorders. Providers shall educate the public about substance use disorders, and shall work to dispel negative myths, stereotypes, and misconceptions about substance use disorders and the people who have them.

III-31 Present Knowledge

Addiction professionals shall respect the limits of present knowledge in public statements concerning addictions treatment, and shall report that knowledge accurately, without distortion or misrepresentation to the public and others.

III-32 Organizational vs. Private

Addiction professionals shall distinguish clearly between statements made and actions taken as a private individual, and statements made and actions taken as a representative of an agency, group, organization, or the addiction profession.

III-33 Public Comments NAADAC

Addiction professionals shall make no public comments disparaging NAADAC or the addictions profession, substance use disorders, the legislative process, or any person involved in the legislative process. The term “public comments” shall include, but shall not be limited to any and all forms of oral, written, and electronic communication.

III-34 Development

Addiction professionals shall actively participate in local, state and national associations that promote professional development.

III-35 Policy

Addiction Professionals shall support the formulation, development, enactment, and implementation of public policy and legislation concerning the addiction profession and our clients.

III-36 Parity

Addiction Professionals shall work for parity in insurance coverage for substance use disorders as primary medical disorders.

III-37 Impairment

Addiction professionals shall recognize the effect of impairment on professional performance and shall seek appropriate professional assistance for any personal problems or conflicts that may impair work performance or clinical judgment. Providers shall continuously monitor themselves for signs of physical, psychological, social, and emotional impairment. Providers, with the guidance of supervision or consultation, shall obtain appropriate assistance in the event they are professionally impaired. Providers shall abide by statutory mandates specific to professional impairment when addressing one’s own impairment.

III-38 Impairment

Addiction professionals shall offer and provide assistance as needed to peers, coworkers, and supervisors who are demonstrating professional impairment, and shall intervene to prevent harm to clients. Providers shall abide by statutory mandates specific to reporting the professional impairment of peers, coworkers, and supervisors.

III-39 Referrals

Addiction professionals shall not refer clients, nor recruit colleagues or supervisors, from their places of employment or professional affiliations to their private practice without prior documented authorization. Providers shall offer multiple referral options to clients when referrals are necessary. Providers shall obtain supervision or consultation to address any potential or real conflicts of interest, and shall document the recommendations.

III-40 Termination

Addiction professionals shall create a written plan, policy or professional Will for addressing situations involving the provider's incapacitation, termination of practice, retirement, or death. Addiction professionals or agencies shall develop policies regarding continuation of services upon the incapacitation, termination, retirement or death of the provider.

III-41 Representation

Addiction professionals and organizations offering education, trainings, seminars, and workshops shall accurately and honestly represent their NAADAC-approved education provider status. Providers and organizations shall meet all requirements set forth by NAADAC prior to promoting their active provider status.

III-42 Promotion

Addiction professionals shall ensure that promotions and advertisements concerning workshops, trainings, seminars and products that they have developed for use in the delivery of services are accurate and provide ample information so consumers can make informed choices. Providers shall not use their counseling, teaching, training or supervisory relationships to deceptively promote their products or training events.

III-43 Testimonials

Addiction professionals who solicit testimonials from former clients or any other persons shall discuss with clients the implications of, and potential concerns, regarding testimonials, prior to obtaining written permission for the use of specific testimonials.

III-44 Reports

Addiction professionals shall accurately, honestly and objectively report professional activities and judgments to appropriate third parties, which shall include, but shall not be limited to courts, probation/parole, insurance organizations and providers, recipients of evaluation reports, referral sources, professional organizations, regulatory agencies, regulatory boards, and ethics committees.

III-45 Advice

Addiction professionals, when offering advice or comments using any platform, which shall include, but shall not be limited to presentations and lectures, demonstrations, printed articles, mailed materials, television or radio programs, video or audio recordings,

technology-based applications, or other media shall ensure that their statements are based on academic, research, and evidence-based, outcome-driven literature and practice. The advice or comments shall be consistent with the NAADAC Code of Ethics.

III-46 Dual Relationship

Addiction professionals who are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings shall clarify role expectations and the parameters of confidentiality with all parties involved.

III-47 Illegal Practices

Addiction professionals who become aware of inappropriate, illegal, discriminatory, and/or unethical policies, procedures and practices at their agency, organization, or practice shall alert their employers. When there is potential for harm to clients or limitations on the effectiveness of services, providers shall seek supervision and/or consultation to determine appropriate next steps and further action. Providers and supervisors shall not harass or terminate an employee or colleague who has acted in a responsible and ethical manner to expose inappropriate employer/employee policies, procedures and/or practices.

III-48 Supervision

Addiction professionals who act in the role of supervisor or consultant, shall ensure that they have appropriate resources and competencies prior to providing supervisory or consultation services. Supervisors or consultants shall provide appropriate referrals to resources when requested or needed.

III-49 Supervision

Addiction professionals who offer supervisory or consultation services shall review with the consultee/supervisee, both verbally and in writing, the rights and responsibilities of both the supervisor/consultant and supervisee/consultee. Providers shall inform all parties involved about the purpose, costs, risks and benefits, and the limits of confidentiality of the services to be provided.

III-50 Credit

Addiction Professionals shall give appropriate credit to the authors or creators of all materials used in their course of their work. Providers shall not plagiarize another person's work.

Principle IV: Working in a Culturally-Diverse World

IV-1 Respect

Addiction professionals shall be knowledgeable and aware of diverse cultural, individual, societal, and role differences amongst the clients they serve in a diversity of settings along the continuum of care. Providers shall offer services that demonstrate appropriate respect for the fundamental rights, dignity and worth of all clients.

IV-2 Cultural Humility

Addiction professionals shall demonstrate cultural humility. Providers shall maintain an interpersonal perspective that is other-oriented and accepting of the cultural identities of the other person, which shall include, but shall not be limited to (clients, colleagues, peers, employees, employers, volunteers, supervisors, and supervisee).

IV-3 Meanings

Addiction professionals shall be willing to discuss the diverse cultural meanings associated with confidentiality and privacy. Providers shall be willing to discuss differing opinions regarding the disclosure of information with client(s) and supervisor(s).

IV-4 Personal Beliefs

Addiction professionals shall develop an understanding of their own personal, professional, and cultural values and beliefs. Providers shall recognize which personal and professional values may be in alignment with or in conflict with the values and needs of the client. Providers shall not use cultural or values differences as a reason to engage in discrimination. Providers shall obtain supervision and/or consultation to address areas of difference and to decrease bias, judgment, and micro-aggressions, and shall document the recommendations.

IV-5 Heritage

Addiction professionals shall practice cultural humility, and shall accept the values, norms, and cultural heritage of their clients. Providers shall not impose his or her values and/or beliefs on the client.

IV-6 Credibility

Addiction professionals shall practice cultural humility, and shall be credible, capable, and trustworthy. Providers shall use a cultural humility framework to consider diversity of values, interactional styles, and cultural expectations.

IV-7 Roles

Addiction professionals shall respect the roles of family members, social supports, and community structures, hierarchies, values and beliefs within the client's culture. Providers shall consider the impact of adverse social, environmental, and political factors in assessing concerns and designing interventions.

IV-8 Methodologies

Addiction professionals shall only use methodologies, skills, and practices that are evidence-based and outcome-driven for the populations being served. Providers shall obtain ongoing professional development opportunities to develop specialized knowledge and understanding of the groups they serve. Providers shall obtain the necessary knowledge and training to maintain humility and sensitivity when working with clients of diverse backgrounds.

IV-9 Advocacy

Addiction professionals shall advocate for the needs of the diverse populations they serve.

IV-10 Recruitment

Addiction professionals shall engage in and advocate for the recruitment and retention of professionals and service providers who represent diverse cultural groups.

IV-11 Special Needs

Addiction professionals shall provide and advocate for the provision of services that meet the special needs of clients, including linguistic diversity and disabilities.

IV-12 Culturally-Driven Needs

Addiction professionals shall recognize that conventional counseling styles may not meet the needs of all clients. Providers shall discuss with the client how to determine the best manner in which to service the client. Providers shall obtain supervision and consultation when working with individuals with specific culturally-driven needs, and shall document the recommendations.

Principle V: Assessment, Evaluation, and Interpretation

V-1 Assessment

Addiction professionals shall use assessments appropriately within the counseling process. Providers shall consider the clients' personal and cultural contexts when assessing and evaluating a client. Providers shall develop and/or use appropriate mental health, substance use disorder, and other relevant assessments tools.

V-2 Validity - Reliability

Addiction professionals shall utilize only those assessment instruments whose validity and reliability have been established for the population being tested, and for which they have received adequate training in administration and interpretation. Counselors who use technology-assisted test interpretations shall be trained in the construct being measured and the specific instrument being used prior to using its technology-based application..

V-3 Validity

Addiction professionals shall consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting assessments. Providers shall use data from several relevant assessment tools and/or instruments to form conclusions, diagnoses, and recommendations.

V-4 Explanation

Addiction professionals shall explain to clients the nature and purposes of each assessment and the intended use of results, prior to administration of the assessment. Providers shall offer explanations in terms and language that the client or other legally authorized person can understand.

V-5 Administration

Addiction professionals shall provide an appropriate environment, free from distractions, for the administration of assessments. Providers shall ensure that technologically-administered assessments are functioning appropriately and providing accurate results.

V-6 Cultural Influences

Addiction professionals shall recognize and understand that culture influences the manner in which clients' concerns are defined and experienced. Providers shall be aware of historical traumas and social prejudices in the misdiagnosis and pathologizing of specific individuals and groups. Providers shall develop awareness of prejudices and biases within self and others and shall address such biases in themselves or others. Providers shall consider the client's cultural experiences when diagnosing and planning for mental health and substance use disorder treatment.

V-7 Diagnosing

Addiction professionals shall provide proper diagnosis of mental health and substance use disorders, within their scope and licensure. Assessment techniques used to determine client placement for care shall be carefully selected and appropriately used.

V-8 Results

Addiction professionals shall consider the client's welfare, explicit understandings, and previous agreements in determining when and how to provide assessment results.

V-9 Misusing Results

Addiction professionals shall not misuse assessment results and interpretations. Providers shall respect the client's right to know the results, interpretations and diagnoses made and shall provide results, interpretations, and diagnoses in a manner that is understandable and does not cause harm. Providers shall adopt practices that prevent others from misusing assessment results and interpretations.

V-10 Normed Population

Addiction professionals shall select and use, with caution, assessment tools and techniques normed on populations other than that of the client. Providers shall obtain supervision or consultation when using assessment tools that are not normed to the client's cultural identities, and shall document the recommendations.

V-11 Referral

Addiction professionals shall provide specific and relevant data about the client, when referring a client to a third party for assessment or evaluation, to ensure that appropriate instruments are used.

V-12 Security

Addiction professionals shall maintain the integrity and security of tests and assessment data, thereby addressing legal and contractual obligations. Providers shall not reproduce or modify published assessments, or parts thereof, without written permission from the publisher. Providers shall give credit to the developer and/or publisher of the test or assessment.

V-13 Forensic

Addiction professionals who conduct a forensic evaluation shall inform the client, verbally and in writing, that the current relationship is for the specific purpose of forensic evaluation, and that the evaluation shall not be therapeutic. Entities or individuals who shall receive the evaluation report shall be identified prior to conducting the evaluation. Providers performing forensic evaluations shall obtain written consent from those being evaluated, or from their legal representative, unless a court orders the evaluation to be conducted without the written consent of the individual being evaluated. Informed written consent

shall be obtained from a parent or guardian prior to evaluation, when the child or adult lacks the capacity to give voluntary consent.

V-14 Forensic

Addiction professionals conducting forensic evaluations shall provide verifiable objective findings based on the data gathered during the assessment/ evaluation process and review of records. Providers shall offer unbiased professional opinions based on the data gathered and analysis performed.

V-15 Dual Relationships

Addiction professionals shall not perform a forensic evaluation on current or former clients, spouses or partners of current or former clients, or the clients' family members. Providers shall not provide counseling to the individuals who they forensically evaluate. Providers shall avoid potentially harmful dual relationships with the family members, romantic partners, and close friends of individuals they forensically evaluate.

Principle VI: E-therapy, e-supervision, and social media

VI-i Introduction

Addictions professionals are witnessing an expansion of available technologies that offer opportunities for electronic and distance delivery of care, billing services and client record storage, transfer and maintenance. Providers shall be current on related technologies and understand their application.

Providers shall consider the potential benefits and risks for harm to clients in exposure to specific technologies or in having confidential information stored and/or transmitted electronically. Examples of potential benefits of using e-delivery for counseling services shall include, but shall not be limited to: (a) reducing geographical barriers, (b) provision of services to those with physical or psychological disorders, and (c) working with individuals and families who would not take advantage of traditional services. Examples of potential limitations of using e-delivery for counseling services shall include, but shall not be limited to: (a) concerns about maintaining confidentiality, (b) challenges associated with developing a therapeutic alliance, (c) inability to assess nonverbal communication, (d) determining and resolving practice and licensure jurisdiction concerns, and (e) assessment and provision of emergency services.

VI-1 Definition

“E-Therapy” and “E-Supervision” shall refer to the provision of services by an addiction professional using technology, electronic devices, and HIPAA-compliant resources. Electronic platforms shall include, but shall not be limited to: land-based and mobile communication devices, fax machines, webcams, computers, laptops, tablets, flash drives, external hard drives, and cloud storage. E-therapy and e-supervision shall include but shall not be limited to the following delivery platforms: tele-therapy, real-time video-based therapy and services, emails, texting, chatting and instant messaging. Providers and clinical supervisors shall be aware of the unique challenges created by electronic forms of communication and the use of available technology, and shall take steps to ensure that the provision of e-therapy and e-supervision is as safe and confidential as possible.

VI-2 Competency

Addiction professionals who choose to engage in the use of technology for e-therapy, distance counseling, and e-supervision shall pursue specialized knowledge and competency regarding the technical, ethical, and legal considerations specific to technology, social media, and distance counseling. Providers shall be trained and current in their knowledge of e-therapy technologies and techniques.

VI-3 Informed Consent

Addiction professionals, who are offering an electronic platform for e-therapy, distance counseling/case management, and/or e-supervision shall provide an Electronic/Technology Informed Consent, which shall explain the right of each client and supervisee to be fully informed about services delivered through technological mediums, and shall provide

each client/supervisee with information in clear and understandable language regarding the purposes, risks, limitations, and costs of treatment services, reasonable alternatives, their right to refuse service delivery through electronic means, and their right to withdraw consent at any time. Providers shall review with the client/supervisee, both verbally and in writing, the rights and responsibilities of both providers and clients/supervisees. Providers shall have the client/supervisee attest to their understanding of the parameters covered by the Electronic/ Technology Informed Consent by signing the Electronic/Technology Informed Consent. Providers who obtain initial Consent by verbal attestation shall follow up in a timely manner with a written, signed, and dated, document.

VI-4 Informed Consent

Addiction professionals shall execute thorough e-therapy informed consent prior to starting technology-based services. A technology-based informed consent discussion shall include, but shall not be limited to:

- contact information of the client, counselor/provider and supervisor;
- e-therapy is not always an appropriate substitute or replacement for face-to-face counseling;
- all of the procedures that apply to delivery of in-person services shall apply to the e-delivery of services;
- duty to warn and mandatory reporting laws that shall apply to all counseling services, including e-therapy;
- confidential and privacy rules and laws, and exceptions to those rules and laws;
- issues related to security and privacy of information, and potential for hacking or other unauthorized viewing;
- access to counseling services and to technology assistance to use e-therapy;
- benefits and limitations of engaging in the use of distance counseling, technology, and/or social media;
- potential misunderstandings due to limited visual and auditory cues;
- potential for confusion often present in e-delivery of services;
- response time to asynchronous communication (emails, texts, chats, etc.);
- possibility of technology failure and alternate methods of service delivery;
- emergency protocols to follow;
- procedures for when the counselor is not available;
- consideration of time zone differences;
- policy regarding recording of sessions by either party;

- cultural and/or language differences that may affect delivery of services;
- possible denial of insurance benefits; and
- social media policy.

VI-5 Verification

Addiction professionals who engage in the use of electronic platforms for the delivery of services shall take reasonable steps to verify the client's/ supervisee's identity prior to engaging in the e-therapy relationship and throughout the therapeutic relationship. Verification shall include, but shall not be limited to a minimum of one of the following: picture ids, code words, numbers, graphics, or other nondescript identifiers.

VI-6 Licensing Laws

Addiction professionals shall comply with relevant licensing laws in the jurisdiction where the provider/clinical supervisor is physically located when providing care and where the client/supervisee is located when receiving care. Emergency management protocols shall be entirely dependent upon the location where the client/supervisee receives services. Providers, during informed consent, shall notify their clients/supervisees of the legal rights and limitations governing the practice of counseling/supervision across state lines or international boundaries. Providers shall advise clients that mandatory reporting and related ethical requirements such as duty to warn/notify shall be governed by the jurisdiction where the client/supervisee is receiving services.

VI-7 State & Federal Laws

Addiction professionals utilizing technology, social media, and distance counseling within their practice shall be subject to state and Federal laws and regulations governing the counselor's practicing location. Providers utilizing technology, social media, and distance counseling within their practice shall be subject to laws and regulations in the client's/ supervisee's state of residency, and shall be subject to laws and regulations in the state where the client/ supervisee is located during the actual delivery of services.

VI-8 Non-Secured

Addiction professionals shall be aware that electronic means of communication are not secure, and shall inform clients, students, and supervisees that remote services using electronic means of delivery cannot be entirely secured or confidential. Providers who provide services via electronic technology shall fully inform each client, student, or supervisee of the limitations and risks regarding confidentiality associated with electronic delivery, including the fact that electronic exchanges may become part of clinical, academic, or professional records. Providers shall ensure that clinical discussions cannot be overheard by others outside of the room where the services are provided. Providers shall conduct internet-based counseling on HIPAA-compliant servers.

VI-9 Assess

Addiction professionals shall assess and document the client/supervisee's ability to benefit from and engage in e-therapy services. Providers shall consider the client/supervisee's cognitive capacity and maturity, past and current diagnoses, communications skills, level of competence using technology, and access to the necessary technology. Providers shall consider geographical distance to the nearest emergency medical facility, efficacy of client's support system, the client's current medical and behavioral health status, the client's current or past difficulties with substance abuse, and the client's history of violence or self-injurious behavior.

VI-10 Transmission

Providers shall use current encryption standards within their websites and for technology-based communications. Providers shall take reasonable precautions to ensure the confidentiality of information transmitted and stored through any electronic means.

VI-11 Multidisciplinary Care

Addiction professionals shall discuss with the client that optimal clinical management of the client may depend on coordination of care between a multidisciplinary care team. Providers shall explain to the client that the provider may need to develop collaborative relationships with local community professionals, such as the client's local primary care provider and local emergency service providers, as this would be critical in case of emergencies.

VI-12 Local Resources

Addiction professionals shall be familiar with in-person mental health resources in the client's geographic location, should the provider exercise clinical judgment to make a referral for additional substance abuse, mental health, or other appropriate services.

VI-13 Boundaries

Addiction professionals shall maintain a professional relationship with their clients/supervisees. Providers shall discuss, establish and maintain professional therapeutic boundaries with clients/supervisees regarding the appropriate use and application of technology, and the limitations of its use within the counseling/supervisory relationship. Providers shall be aware of the unique risks for boundary crossings associated with the e-delivery of services.

VI-14 Capability

Addiction professionals shall determine whether the client/supervisee shall be physically, intellectually, emotionally, linguistically and functionally capable of using e-therapy platforms and whether e-therapy/e-supervision is appropriate for the needs of the client/supervisee. Providers and clients/supervisees shall agree on the means of e-therapy/e-supervision to be used and the steps to be taken in case of a technology failure. Providers shall verify that clients/supervisees understand the purpose and operation of technology

applications and follow up with clients/supervisees to correct potential concerns, discover appropriate use, and assess subsequent steps.

VI-15 Missing Cues

Addiction professionals shall acknowledge the differences between non-verbal and verbal cues in face-to-face and electronic communication, and how these could influence the counseling/supervision process. Providers shall discuss with their client/supervisee how to prevent and address potential misunderstandings arising from the lack of visual cues and voice inflections when communicating electronically.

VI-16 Records

Addiction professionals shall be aware of the inherent dangers of electronic health records. Providers shall inform clients/supervisees of the benefits and risks of maintaining records in a cloud-based file management system and discuss the fact that nothing that is electronically saved on a Cloud is secure and confidential. Providers shall ensure that Cloud-based file management shall be encrypted, secured, and HIPAA-compliant. Providers shall use encryption programs when transmitting client information to protect confidentiality.

VI-17 Records

Addiction professionals shall maintain electronic records in accordance with relevant state and federal laws and statutes. Providers shall inform clients on how records will be maintained electronically and/or physically, which shall include, but shall not be limited to, the type of encryption and security used to store the records and the length of time storage of records shall be maintained.

VI-18 Links

Addiction professionals who provide e-therapy services and/or maintain a professional website shall provide electronic links to relevant licensure and certification boards and professional membership organizations (i.e., NAADAC), to protect the client's/supervisee's rights and address ethical concerns.

VI-19 Friends

Addiction professionals shall not accept client "friend" requests on social networking sites or via email. Providers who choose to maintain a professional and personal presence for social media use, shall create separate professional and personal web pages, and profiles, which shall clearly distinguish between the professional and personal virtual presence.

VI-20 Social Media

Addiction professionals shall clearly explain to their clients/supervisees, as part of informed consent, the benefits, inherent risks, including lack of confidentiality, and necessary boundaries surrounding the use of social media. Providers shall clearly explain their policies and procedures specific to the use of social media in clinical relationships with the client/supervisee. Providers shall respect the client's/supervisee's rights to privacy on social media, and shall not investigate the client/supervisee without prior consent.

Principle VII: Supervision and Consultation

VII-1 Responsibility

Addiction professionals who teach and provide clinical supervision shall accept the responsibility of enhancing professional development of students and supervisees by providing accurate and current information, timely feedback and evaluations, and constructive consultation.

VII-2 Training

Addiction professionals shall complete clinical supervision training prior to providing clinical supervision to students or other professionals.

VII-3 Code of Ethics

Supervisors and supervisees, including interns and students, shall be responsible for knowing and following the NAADAC and NCC AP Code of Ethics.

VII-4 Informed Consent

Informed consent shall be an integral part of creating and developing the supervisory relationship. The Supervision Contract shall include, but shall not be limited to the following items:

- Definition of clinical supervision
- Scope of practice of the clinical supervisor
- Format and scheduling of supervision
- Confidentiality of client information
- Methods of supervision (approaches used)
- Types (individual, group, in-person observation, e-supervision, audio and video tapes)
- Expectations and responsibilities of each person
- Accountability and evaluation
- Documentation and file audits
- Fees and no-show policies
- Conflict resolution
- Client notification – supervisee shall inform clients that they are in supervision and the parameters of supervision
- Duration and termination of the supervisory relationship

- All parties shall adhere to all applicable regulatory and state and Federal rules and laws
- All parties shall adhere to NAADAC Code of Ethics
- Expectations regarding liability insurance
- Notification of expectation regarding a clinical emergency or duty to warn event with a client
- Notification of expectation regarding a grievance, sanction, or lawsuit filed against the supervisee

VII-5 Informed Consent

Supervisees shall provide the client with a written professional disclosure statement. Supervisees shall inform the client about how the supervision process influences the limits of confidentiality. Supervisees shall inform the client about who shall have access to their clinical records, and when and how these records will be stored, transmitted, or otherwise reviewed.

VII-6 Clinical Crisis

Clinical Supervisors shall communicate to the supervisee, during supervision informed consent, procedures for handling client/clinical crises. Supervisors shall also communicate and document alternate procedures in the event the supervisee is unable to establish contact with the supervisor during a client/clinical crisis.

VII-7 Due Process

Clinical Supervisors shall inform supervisees of policies and procedures to which supervisors shall adhere. Supervisors shall inform supervisees regarding the mechanisms for due process appeal of supervisor actions.

VII-8 Multiculturalism

Clinical Supervisors shall address the role of multiculturalism in the supervisory relationship between supervisor and supervisee. Supervisors shall offer didactic learning content and experiential opportunities related to multiculturalism and cultural humility throughout their programs.

VII-9 Diversity

Clinical Supervisors shall recognize and value the diverse talents and abilities that supervisees bring to their training experience.

VII-10 Boundaries

Clinical Supervisors shall intentionally develop respectful and relevant professional relationships and shall maintain appropriate boundaries with supervisees in all venues. Supervisors shall be accurate and honest in their assessments of supervisees.

VII-11 Boundaries

Clinical Supervisors shall clearly define and maintain ethical professional, personal, and social boundaries with their supervisees. Supervisors shall not enter into a romantic/sexual/non-professional relationship with current supervisees, whether in-person or electronically.

VII-12 Monitor

Clinical Supervisors shall monitor the services provided by supervisees. Supervisors shall monitor client welfare. Supervisors shall monitor supervisee performance and professional development. Supervisors shall instruct and guide supervisees as they prepare to serve a diverse client population. Supervisors shall read, know, understand, adhere to, and promote the NAADAC Code of Ethics.

VII-13 Assessment

Clinical Supervisors shall take reasonable measures to ensure the proper use of assessment techniques by persons under their supervision.

VII-14 Treatment

Educators and site supervisors shall assume the primary obligation of assisting students to acquire ethics, knowledge, and skills necessary to treat substance use and addictive behavioral disorders.

VII-15 Impairment

Supervisees shall monitor themselves for signs physical, psychological, and/or emotional impairment. Supervisees shall obtain supervision and refrain from providing professional services while impaired. Supervisees shall notify their institutional program of the impairment, and shall obtain appropriate guidance and assistance.

VII-16 Clients

Supervisees shall disclose to clients their status as students and supervisees, and shall provide an explanation as to how their status affects the limits of confidentiality. Supervisees shall disclose to clients contact information for the Clinical Supervisor. Supervisees shall obtain Informed consent in writing and shall include the client's right to refuse to be treated by a person-in-training.

VII-17 Disclosures

Supervisees shall obtain and document clinical supervision or consultation prior to disclosing personal addiction and recovery information with a client. Supervisees shall only make disclosures to a client for the benefit of the client and their work, and disclosures shall not be made to benefit the supervisee.

VII-18 Observations

Clinical Supervisors shall provide and document regular supervision sessions with the supervisee. Supervisors shall regularly observe the supervisee in session using live observations or audio or video tapes. Supervisors shall provide ongoing feedback regarding the supervisee's performance with clients and within the agency. Supervisors shall regularly schedule sessions to formally evaluate and direct the supervisee.

VII-19 Gatekeepers

Clinical Supervisors shall be aware of their responsibilities as the addiction profession's gatekeepers. Supervisors shall, through ongoing evaluation, monitor supervisee limitations that might impede performance. Supervisors shall assist supervisees in securing timely corrective assistance, including referral of the supervisee to therapy when needed. Supervisors may recommend corrective action or dismissal from training programs, applied counseling settings, and state or voluntary professional credentialing processes when the supervisee is unable to demonstrate that they can provide competent professional services. Supervisors shall obtain supervision-of-supervision and/or consultation, and shall document their decisions to dismiss or refer the supervisee for assistance.

VII-20 Education

Educators and site supervisors shall ensure that their educational and training programs are designed to provide appropriate knowledge and experiences related to addictions that meet the requirements for degrees, licensure, certification, and other program goals.

VII-21 Education

Educators and site supervisors shall provide education and training in an ethical manner, adhering to the NAADAC Code of Ethics, regardless of the teaching platform, which shall include but shall not be limited to traditional, hybrid, and/or online. Educators and site supervisors shall serve as professional role models demonstrating appropriate behaviors.

VII-22 Current

Educators and site supervisors shall ensure that program content and instruction are based on the most current knowledge and information available in the addictions profession. Educators and site supervisors shall only promote the use of those modalities and techniques that have an empirical or scientific foundation.

VII-23 Evaluation

Educators and site supervisors shall ensure that students' performances are evaluated in a fair and respectful manner, and on the basis of clearly stated criteria.

VII-24 Dual Relationships

Educators and site supervisors shall avoid dual relationships and/or non-academic relationships with students, interns, and supervisees.

VII-25 Dual Relationships

Clinical Supervisors shall not supervise relatives, romantic or sexual partners, or personal friends, nor develop romantic, sexual, or personal relationships with students or supervisees. Consultation with a third party shall be obtained, and recommendations shall be documented, prior to engaging in a dual supervisory relationship.

VII-26 e-supervision

Clinical Supervisors who use technology in supervision (e-supervision), shall be competent in the use of specific technologies. Supervisors shall discuss with the supervisee the risks and benefits of using e-supervision. Supervisors shall determine how to utilize specific protections, which shall include, but shall not be limited to encryption necessary for protecting the confidentiality of information transmitted through any electronic means. Supervisors and supervisees shall be aware that confidentiality is not guaranteed when using technology as a communication and delivery platform.

VII-27 Harassment

Clinical Supervisors shall not condone or participate in any form of harassment, including sexual harassment or exploitation, of current or previous supervisees.

VII-28 Distance

Clinical Supervisors shall discuss with the supervisee and document issues unique to the use of distance supervision as necessary.

VII-29 Termination

Clinical Supervisors shall discuss policies and procedures for terminating a supervisory relationship in the supervision informed consent.

VII-30 Counseling

Clinical Supervisors shall not provide counseling services to the supervisee. Supervisors shall assist the supervisee by providing referrals to appropriate services upon request.

VII-31 Endorsement

Clinical Supervisors shall recommend the supervisee for completion of an academic or training program, employment, certification and/or licensure only when the supervisee demonstrates qualification for such endorsement. Clinical Supervisors shall not endorse any supervisees who the Supervisor believes to be impaired or who demonstrates they are unable to provide appropriate clinical services.

Principle VIII: Resolving Ethical Concerns

VIII-1 Code of Ethics

Addiction professionals shall adhere to and uphold the NAADAC Code of Ethics and shall be knowledgeable regarding established policies and procedures for handling concerns related to unethical behavior, at both the state and national levels. Addiction professionals shall hold other providers to the same ethical and legal standards and shall be willing to take appropriate action to ensure that these standards shall be upheld. Providers shall resolve ethical dilemmas with direct and open communication among all parties involved and shall obtain supervision and/or consultation when necessary. Providers shall incorporate ethical practice into their daily professional work. Providers shall engage in ongoing professional development regarding ethical and legal issues in counseling. Providers shall be aware that client welfare and trust depend on a high level of professional conduct.

VIII-2 Endorsement

Addiction professionals shall abide by and endorse the NAADAC Code of Ethics and other applicable ethics codes from professional organizations or certification and licensure bodies of which they are members. Providers shall not be able to use lack of knowledge or misunderstanding of an ethical responsibility as a defense against a complaint of unethical conduct.

VIII-3 Decision Making Model

Addiction professionals shall utilize and document, when appropriate, an ethical decision-making model when faced with an ethical dilemma. A viable ethical decision-making model shall include, but shall not be limited to: (a) supervision and/or consultation regarding the concern; (b) consideration of relevant ethical standards, principles, and laws; (c) generation of potential courses of action; (d) deliberation of risks and benefits of each potential course of action; (e) selection of an objective decision based on the circumstances and welfare of all involved; and (f) reflection upon, and re-direction when necessary, after implementing the decision.

VIII-4 Jurisdiction

The NAADAC and NCC AP Ethics Committees shall have jurisdiction over all complaints filed against any person holding or applying for NAADAC membership or NCC AP certification.

VIII-5 Investigations

The NAADAC and NCC AP Ethics Committees shall have authority to conduct investigations, issue rulings, and invoke disciplinary action in any instance of alleged misconduct by an addiction professional.

VIII-6 Participation

Addiction professionals shall be required to cooperate with the implementation of the NAADAC Code of Ethics, and to participate in, and abide by, any and all disciplinary actions and rulings based on the Code. Failure to participate or cooperate shall be a violation of the NAADAC Code of Ethics.

VIII-7 Cooperation

Addiction professionals shall assist in the process of enforcing the NAADAC Code of Ethics. Providers shall cooperate with investigations, proceedings, and requirements of the NAADAC and NCC AP Ethics Committees, ethics committees of other professional associations, and/or licensing and certification boards having jurisdiction over those charged with a violation.

VIII-8 Agency Conflict

Addiction professionals shall seek and document supervision and/or consultation in the event that ethical responsibilities conflict with agency policies and procedures, state and/or federal laws, regulations, and/or other governing legal authority. Supervision and/or consultation shall be obtained and documented to determine the next best steps.

VIII-9 Crossroads

Addiction professionals may find themselves with a dilemma when the demands of an organization where the provider is affiliated poses a conflict with the NAADAC Code of Ethics. Providers shall determine the nature of the conflict and shall discuss the conflict with their supervisor or other relevant person, and shall express their commitment to the NAADAC Code of Ethics. Providers shall attempt to work through the appropriate channels to address their concern.

VIII-10 Violations without Harm

Addiction professionals who become aware of evidence to suggest that another provider is violating or has violated an ethical standard where no harm has occurred shall attempt to resolve the issue informally with the other provider, if feasible, provided such action does not violate confidentiality rights that may be involved.

VIII-11 Violations with Harm

Addiction professionals shall report unethical conduct or unprofessional modes of practice of which they become aware where the potential for harm exists, or actual harm has occurred, to the appropriate certifying or licensing authorities, state or federal regulatory bodies, and NAADAC. Providers shall obtain supervision/consultation prior to filing a complaint, and document recommendations and the decision regarding filing or not filing a complaint.

VIII-12 Non-Respondent

Members of the NAADAC or NCC AP Ethics Committees, Hearing Panels, Boards of Directors, Membership Committees, Officers, or Staff shall not be named as a respondent under these policies and procedures as a result of any decision, action, or exercise of discretion arising directly from their conduct or involvement in carrying out adjudication responsibilities.

VIII-13 Consultation

Addiction professionals shall not initiate, participate in, or encourage the filing of an ethics or grievance complaint as a means of retaliation against another person. Providers shall not intentionally disregard or ignore the facts of a situation. *What type of situation?*

VIII-14 Retaliation

Addiction Professionals shall not initiate, participate in, or encourage the filing of an ethics or grievance complaint as a means of retaliation against another person. Providers shall not intentionally disregard or ignore the facts of the situation.

Principle IX: Research and Publication

IX-1 Research

Research and publication shall be encouraged as a means for addiction professionals to contribute to the knowledge base and skills within the addictions and behavioral health professions. Research shall be conducted and published to contribute to the evidence-based and outcome-driven practices that guide the profession. Research and publication shall provide an understanding of what practices lead to health, wellness, and functionality. Researchers and addiction professionals shall be inclusive by minimizing bias and respecting diversity when designing, executing, analyzing, and publishing their research.

IX-2 Participation

Addiction professionals shall support the efforts of researchers by participating in research whenever possible.

IX-3 Consistent

Researchers shall plan, design, conduct, and report research in a manner that is consistent with relevant ethical principles, federal and state laws, internal review board expectations, institutional regulations, and scientific standards governing research.

IX-4 Confidentiality

Researchers shall be responsible for understanding and adhering to state, federal, agency, institutional policies, and applicable guidelines regarding confidentiality in their research practices. Information obtained about participants during the course of research shall be confidential.

IX-5 Independent

Researchers, who are conducting independent research without governance by an institutional review board, shall be bound by the same ethical principles and Federal and state laws pertaining to the review of their plan, design, conduct, and reporting of research.

IX-6 Protect

Researchers shall obtain supervision and/or consultation and observe necessary safeguards to protect the rights of research participants, especially when the research plan, design and implementation deviates from standard or accepted practices.

IX-7 Welfare

Researchers shall be responsible for their participants' welfare. Researchers shall exercise reasonable precautions throughout the study to avoid causing physical, intellectual, emotional, or social harm to participants. Researchers shall take reasonable measures to honor all commitments made to research participants.

IX-8 Informed Consent

Researchers shall defer to an Institutional Review Board or Human Subjects Committee to ensure that Informed Consent is obtained, research protocols are followed, participants are free of coercion, confidentiality is maintained, and deceptive practices are avoided, except when deception is essential to research protocol and approved by the Board or Committee.

IX-9 Accurate

Researchers shall commit to the highest standards of scholarship, shall present accurate information, shall disclose potential conflicts of interest, and shall make every effort to prevent the distortion or misuse of their clinical and research findings.

IX-10 Students

Researchers shall disclose to students and/or supervisees who wish to participate in their research activities that participation in the research shall not affect their academic standing or supervisory relationship.

IX-11 Clients

Researchers may conduct research involving clients. Researchers shall provide an informed consent process allowing clients to freely choose, without intimidation or coercion, whether to participate in the research activities. Researchers shall take necessary precautions to protect clients from adverse consequences if they choose to decline or withdraw from participation.

IX-12 Consents

Researchers shall provide appropriate explanations regarding the research and obtain applicable consents from a guardian or legally authorized representative prior to working with a research participant who is not capable of giving informed consent.

IX-13 Explanation

Once data collection is completed, researchers shall provide participants with a full explanation regarding the nature of the research in order to remove any misconceptions participants might have regarding the study. Researchers shall engage in reasonable actions to avoid causing harm. Researchers shall obtain and document the results of supervision or consultation when scientific or human values may justify delaying or withholding information, prior to delaying or withholding information from a participant.

IX-14 Outcomes

Upon completion of data collection and analysis, researchers shall inform sponsors, institutions, and publication entities regarding the research procedures and outcomes. Researchers shall ensure that the appropriate entities are given pertinent information and acknowledgment.

IX-15 Transfer Plan

Researchers shall create a written, accessible plan for the transfer of research data to an identified colleague in the event of their incapacitation, retirement, or death.

IX-16 Diversity

Researchers shall report research findings accurately and without distortion, manipulation, or misrepresentation of data. Researchers shall describe the extent to which results are applicable to diverse populations.

IX-17 Verification

Researchers shall not withhold data, from which their research conclusions were drawn, from competent professionals seeking to verify substantive claims through reanalysis. Researchers shall make available sufficient original research information to qualified professionals who wish to replicate or extend the study.

IX-18 Data Availability

Researchers, who supply data, aid in research by another researcher, report research results, or make original data available, shall intentionally disguise the identity of participants in the absence of written authorization from the participants allowing release of their identity.

IX-19 Errors

Researchers shall correct errors found in their published research, using a correction erratum or through other appropriate publication avenues.

IX-20 Publication

Addiction professionals who author books, journal articles, or other materials which are published or distributed shall not plagiarize or fail to cite persons for whom credit for original ideas or work is due. Providers shall acknowledge and give recognition, in presentations and publications, to previous work on the topic by self and others.

IX-21 Theft

Addiction professionals shall regard as theft the use of copyrighted materials without permission from the author, or payment of royalties.

IX-22 e-publishing

Addiction professionals shall be aware that entering data on the internet, social media sites, or professional media sites shall constitute publishing.

IX-23 Advertising

Addiction professionals who author books or other materials distributed by an agency or organization shall take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.

IX-24 Credit

Addiction professionals shall assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.

IX-25 Student Material

Addiction professionals shall seek a student's permission and list the student as lead author on manuscripts or professional presentations, in any medium, that are substantially based on a student's course papers, projects, dissertations, or theses. The student shall reserve the right to withhold permission.

IX-26 Submissions

Addiction professionals and researchers shall submit manuscripts for consideration to one journal or publication at a time. Providers and researchers shall obtain permission from the original publisher prior to submitting manuscripts that shall be published in whole or in substantial part in one journal or published work by another publisher.

IX-27 Proprietary

Addiction professionals who review material submitted for publication, research, or other scholarly purposes shall respect the confidentiality and proprietary rights of those who submitted it. Providers who serve as reviewers shall only review materials that are within their scope of competency and shall review materials without professional or personal bias.

This resource was designed to provide an ethics code and ethical standards that will be used by counseling professionals. These principles of ethical conduct outline the importance of having ethical standards and the importance of adhering to those standards. These principles can help professionals face ethical dilemmas in their practice and explore ways to avoid them.

Please use this resource and share it with your colleagues. For more information contact naadac@naadac.org or 703.741.7686 or 800.548.0497

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